

PARENT & CHILD ENROLMENT FORM

PARENT & CHILD PROGRAM (18-36 mths)	DAYS PER WEEK (OPTIONS)		DAY/TIME	
	1 Day Program	380AUD/term	Wednesday/Thursday (Please circle)	9.15am -11.15am
	2 Day Program	700 AUD/term	Both Days Wednesday & Thursday	9.15am -11.15am

Preferred starting date: _____

STUDENT DETAILS

First Name:	Preferred Name:
Middle Name:	Date of Birth: / /
Surname:	Country of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say	Language/s spoken at home:
Nationality:	

FAMILY MAILING DETAILS

Family Mailing Title: (eg: Mr & Mrs, Ms):	Home Ph:
Family Address:	House/Unit/Flat No:
	Street Name:
	Suburb:
	Post Code:

LEGAL GUARDIAN DETAILS

	PARENT 1	PARENT 2
Name:		
Mobile Ph:		
Email:		

PERSONS AUTHORISED TO ATTEND IN YOUR ABSENCE

	PERSON 1	PERSON 2
Name:		
Mobile Ph:		
Email:		

APPLICATION REQUIREMENTS

OFFICE USE ONLY

Passport Sized Photo	<input type="checkbox"/>	Photo Provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Copy of Birth Certificate	<input type="checkbox"/>	Birth Certificate Provided:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Accepted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Enrolment Date:	

STUDENT MEDICAL DETAILS

Allergies/ Medical Alert	Please specify any allergies /medical alert, particularly ANAPHYLAXIS , relating to the student (e.g., Allergies to nuts, penicillin, bee stings, asthma, diabetes, epilepsy management etc). If the child has an Action Plan, please supply a copy.

STUDENT BACKGROUND

Please specify any physical, emotional, educational, or other needs which may impact on your child's education.	
Has your child attended Pre-school or Childcare?	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of Pre-school or Childcare Centre:
Why are you choosing Southside Montessori for your child?	<input type="checkbox"/> Montessori aligns with my parenting philosophy. <input type="checkbox"/> I/We intend to enrol my child in the 3-6 Program. <input type="checkbox"/> The location is convenient. <input type="checkbox"/> Referred by a friend. <input type="checkbox"/> Other (Please specify)

PHOTOGRAPHY PERMISSION

I hereby consent to the use of photographs taken of my child during the school year for publicity, promotional and/or educational purposes (including the Newsletter/App, Newspaper Articles, Adverts, Socials & website.)

YES, I give permission
 NO, I do not give permission

PARENT ACKNOWLEDGMENT

- ✓ **Fees are to be paid at the beginning of each term.** We regret that payment 'by class' is not available.
- ✓ The Parent Child Program is designed to prepare children for Stage 1 (3-6).
- ✓ Priority for transition into Stage 1 is given to children participating in the Under 3 Program.
- ✓ The adult caregiver must remain on site for the whole session.

I/We declare that the information provided is true and correct.

I/We agree to abide by Southside Montessori School's Policies and Procedures and Terms of Enrolment.

Signature of Parents/Caregivers:

Date: _____

Date: _____