



ENROLMENT FORM YEAR _____

CHILD'S DETAILS

Surname	
Given names	Preferred name
Address	
Home phone number	Date of Birth
Place of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Birth Certificate – copy needs to be provided	
Language/s spoken at home	
Are there any court orders or custody arrangements affecting the child? Yes/No If Yes please specify. (Inspection of a sealed court order at time of enrolment is required for verification.)	
Are you an Aboriginal or Torres Strait Islander?	

PARENTS

Parent 1	Address	
Occupation		
Home Ph:	Work:	Mobile:
Parent 2	Address	
Occupation		
Home Ph:	Work:	Mobile:
List of children in family (age order)		
_____./		
_____./		
Email address:		

CHILD'S MEDICAL HISTORY

Medicare No:	Health Care Card: Yes / No (copy must be provided)
Asthma Yes / No If yes an Asthma Action Plan is required before attending.	
Special Medical Conditions Yes / No If yes please specify	
Allergies Yes / No If yes an Allergic Reaction Plan is required before attending .	
Disability Yes / No If yes please specify	
Is your child taking any regular medication? Yes / No If yes please specify	
Is your child immunised? Yes / No A copy of your immunisation history statement from the Australian Childhood Immunisation Register is required before attending – Blue Book is not accepted.	
Child's Doctor (Local)	Ph:
Address	
Child's Dentist (Local)	Ph:
Address	

DAYS REQUESTING:

Monday	Tuesday
Wednesday	Thursday
Friday	

EMERGENCY CONTACT (Other than yourself, must live in Yass)

Name		
Address		
Home Ph:	Work:	Mobile:

I consent to my emergency contact authorising medical treatment for my child and I give permission for staff at Yass Montessori Pre-School to seek **urgent** medical or dental treatment to ensure the safety and well being of my child. This may include **ambulance transportation**.

In case of accident and in the event of your child needing attention of the Ambulance these costs will be incurred by the parent.

Parent's Signature: _____

Date: _____

AUTHORISATION TO COLLECT

CHILD



In accordance with the regulations set by the NSW Government and in order that staff know who is authorised to collect your child from the centre please fill in the following table.

Name of Child: _____

AUTHORISATION 1 (Other than parents)

Authorised Person
Relationship to Child
Address
Phone

AUTHORISATION 2

Authorised Person
Relationship to Child
Address
Phone

AUTHORISATION 3

Authorised Person
Relationship to Child
Address
Phone

AUTHORISATION 4

Authorised Person
Relationship to Child
Address
Phone

Parent's Signature: _____

Date: _____

FEES STATEMENT



I hereby agree to abide by the following laws of the Constitution

- All fees shall be paid on due date of invoice;
- Fees will still be payable if the child is absent (e.g. personal holidays, sickness, lack of immunisation and staff development days).
- After due consultation with the child's family, the Yass Montessori Pre-School Committee has the power to reject the attendance of any child whose fees have not been paid.
- The Pre-School requires one month's notice of withdrawal of a child from the Pre-School; otherwise fees for four weeks will be expected.
- An enrolment fee of \$50.00 is required at the time of lodging an enrolment form to ensure your child has a placement (this fee is non-refundable).
- The Yass Montessori Pre-School Committee may make other arrangements for payment of fees as it seems fit in specific cases.

Parent's Signature: _____

Date: _____

MULTIPLE CONSENT



Child's Name _____

Fees Statement/Enrolment Form

I agree to abide by the Fees Statement and Fees Policy of Yass Montessori Pre-School. I will notify you of any changes that need to be made to the Enrolment Form.

Signature _____

Date: _____

If you **AGREE** with following, please sign each consent individually.

If you **DISAGREE** please cross out the signature section.

FIRE DRILL

Fire Drills are regularly carried out at the Pre-School. *Signature:*
The children are required to leave the Centre. I agree for my child to participate in fire drills.

PHOTO/PUBLICITY

On occasions photos are taken in and around *Signature:*
Montessori that are intended for use for publicity purposes, in the daily journal, on the website or notice board. I agree to my child being photographed and understand that their photo may appear in the above. No photos will be published on social medial/Facebook without prior consent.

SUNSCREEN

A Cancer Council approved sunscreen may be *Signature:*
applied as and when required when the children go outdoors. I agree for my child to have sunscreen applied.

FIRST AID

I agree to the following being used *Signature:*
(if applicable):

- Saline Solution or Betadine;
- Band aids/bandages;
- Calamine lotion.

N.B. Separate written permission is required for Prescribed Medication



Montessori Philosophy Agreement

I _____ accept that Yass Montessori Pre-School Inc. operates in accordance with the philosophy and methods of Dr Maria Montessori and in particular the aim **“Help Me To Do It Myself”**. In order to facilitate this aim, parents are invited to the classroom by appointment to observe the class in process.

Parent's Signature: _____

Date: _____

Application for Membership of Association



(Clause 3 (1))

Yass Montessori Pre-School Incorporated
(incorporated under the *Associations Incorporation Act 2009*)

I,
[full name of applicant]

of
[address]

.....
[occupation]

hereby apply to become a member of the abovenamed incorporated association. In the event of my admission as a member, I agree to be bound by the constitution of the association for the time being in force.

.....
Signature of applicant Date

I,
[full name]

a member of the association, nominate the applicant for membership of the association.

.....
Signature of proposer Date

I,
[full name]

a member of the association, second the nomination of the applicant for membership of the association.

.....
Signature of second