

ENROLMENT FORM YEAR _____

Child's personal details	
Surname	
Given names	Preferred name
Home phone number	Date of Birth
Place of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Proof of age: Birth Certificate / Passport – copy needs to be provided	
Address	
Cultural background	
In which country was the child born	Australia <input type="checkbox"/> Other <input type="checkbox"/>
Please specify	
If the child speaks a language other than English at home, what languages (including English) does the child speak?	
Main language	Other languages
What is the child's cultural background?	
Does Montessori need to be aware of any cultural or religious requirement? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please specify	
Is the child Aboriginal or Torres Strait Islander origin?	
Custody	
Are there any court orders or custody arrangements affecting the child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes please specify. (Inspection of a court order at time of enrolment is required for verification.)	

Parent 1	Parent 2
Name	Name
Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Occupation	Occupation
Address	Address
Phone	Phone
Email	Email
Languages spoken – if a language other than English is spoken at home what is the main language?	Languages spoken – if a language other than English is spoken at home what is the main language?
Cultural background	Cultural background
Emergency contact if parent or guardian cannot be contacted	
Name	
Phone	
Relationship to child	
Non-Emergency authority to collect	
Name	
Phone	
Relationship to child	
Name	
Phone	
Relationship to child	
Name	
Phone	
Relationship to child	

Child's medical history

Medicare No:

Centrelink Health Care Card: Yes No
(copy must be provided)

Does your child have a diagnosed medical condition? Yes No

If yes, please tick relevant condition/s and provide details

Asthma Diabetes Allergies Medication

Details

If yes, do we have permission to display your child's photo stating the medical condition in the classroom? Yes No

An Asthma / Allergic Action Plan is required before attending

Are there any health related or allergy related dietary requirements? Yes No

Details

Does your child have an additional need or diagnosed disability? Yes No

Details

Has your child received all scheduled immunisations? 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)

Child's Dentist (Local)

Address

Address

Phone

Phone

DAYS REQUESTING:

Monday

Tuesday

Wednesday

Thursday

Friday

CONDITIONS OF ENROLMENT



I/We the undersigned, being the parent/s or legal guardian/s of the child named in this enrolment form, jointly and severally undertake and agree to the following terms and conditions of Yass Montessori Pre-School. **Please note: In this case, 'I' and 'my' is understood to apply equally to both signatories.**

Policies: I understand that Yass Montessori Pre-School policies are available to view in the policy folder at the Pre-School. I have read and accept the rules, policies and procedures of Yass Montessori Pre-School, as they apply to my child and to my family.

Disclosure: I have given a complete disclosure of my child's history and I have answered all questions on this application form in full. I agree to update the Pre-School with any changes that may impact on the quality of education the Pre-School is able to provide.

Fees: I undertake to pay the required fees in full, as they become due. I understand that non-payment of monies owing will entitle the Pre-School to cancel this enrolment contract and terminate my child's enrolment. Any fees or monies outstanding will remain my liability and may be referred for recovery proceedings and all legal costs incurred will be payable by me. I agree to give two week's written notice when cancelling my child's enrolment.

Emergency or Accident: If deemed necessary, I give permission for the Pre-School staff to call an ambulance for my child to be treated at the Pre-School or taken to hospital for treatment. I consent to emergency treatment being administered to my child by professional medical officers. I understand that the Pre-School staff will make every effort to contact me or one of the emergency contacts provided. I give permission for the designated emergency contact person to act on my behalf in the event of an emergency. I agree to pay any expenses incurred for medical treatment and transport.

Medication: I agree to abide by the Medication Policy (available to view at the Pre-School) and provide prescription medicine in the original container, with the child's name, dosage and administration times. Also, to complete the medication form each time a new medicine needs to be administered.

Evacuation: I give permission for the Pre-School staff to remove my child from the premises in case of an emergency arising (such as a fire) and relocate them to a safe location, and for my child to participate in regular emergency drill procedures.

Sun Protection: I give permission for the Pre-School staff to apply sunscreen. I will provide sunscreen if I do not wish my child to use the Pre-School's sunscreen.

Priority of Access: I understand that a Priority of Access system is in place at this Pre-School under the conditions laid down by The NSW Department of Education.

Permission for Observation: I give permission for my child to be observed by staff, and by students or visitors from accredited training programs under the supervision of my child's educator. I understand I will be notified in writing if this is going to occur and I can withdraw my permission at any time.

Absent Days: I agree to notify the Pre-School as early as possible of any absence on an enrolled day.

Infectious Diseases: I understand that my child will be excluded from the Pre-School if he/she contracts an infectious disease. I understand that my child will not be accepted back until cleared by a Medical Practitioner.

Photographs: I agree to have my child photographed for the purpose of documenting involvement in the program; displays within the Pre-School; Instagram; Facebook (full names are not published) and internal (newsletter) or external promotion. I agree that my child's photo may appear in another child's portfolio during observations of another child or group observations.

Attendance Records: I agree that my child will be signed in and out on each day of attendance.

Parents Handbook: I acknowledge that I have received and read a copy of the Parents' Handbook.

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 nominates 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