



# ENROLMENT FORM

## PERSONAL INFORMATION OF THE CHILD

CHILD'S NAME (LAST, FIRST): \_\_\_\_\_

NICKNAME: \_\_\_\_\_

AGE: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

START DATE: \_\_\_\_\_



## **REGISTRATION & EMERGENCY CONTACT INFORMATION**

IF YOUR CHILD IS JOINING OUR **CATERPILLAR GROUP** (turning 3 in the school year) PLEASE SELECT FROM THE FOLLOWING PROGRAMME OPTIONS: (Please tick the required days)

**Once days are selected, we ask that parents stick to these days for ease of planning. We unfortunately cannot offer alternative days if your child is sick or absent on the days you have selected.**

*Please select consecutive days.*

	MON	TUES	WED	THURS	FRI
<b>3 DAYS A WEEK</b>					
<b>4 DAYS A WEEK</b>					
<b>5 DAYS A WEEK</b>					

**\*\*Children joining our BUTTERFLY or RECEPTION group need to attend school 5 DAYS a week.\*\***

### **EMERGENCY/CONTACT INFORMATION**

MOTHERS NAME:

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CONTACT NUMBER:

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EMAIL ADDRESS:

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FATHER'S NAME:

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CONTACT NUMBER:

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EMAIL ADDRESS:

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PREFERRED CONTACT (when child is at school)

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**ADDITIONAL EMERGENCY CONTACT & AUTHORISED PICK UP**

Please list at least 1 person who may assume responsibility for your child in an emergency if the parent(s)/guardian(s) cannot be reached.

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

PARENT FULL NAME (Please print): \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



## MEDICAL HISTORY

DOES YOUR CHILD HAVE ANY KNOWN ALLERGIES?

YES

NO

PLEASE DETAIL ALLERGIES/TREATMENT:

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DOES YOUR CHILD HAVE ANY OTHER SPECIAL MEDICAL CONDITIONS?  YES

NO

PLEASE EXPLAIN:

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DOES YOUR CHILD HAVE ANY CURRENTLY PRESCRIBED MEDICATIONS?  YES

NO

PLEASE EXPLAIN:

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PHYSICIAN NAME:

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PHONE:

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## **EMERGENCY MEDICAL TREATMENT AUTHORISATION**

I hereby give permission for the staff of Stepping Stones Montessori to administer Calpol and/or provide simple first aid treatment to my child,

\_\_\_\_\_ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorise ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorise licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted.

I agree that any medical expenses incurred for my child for any reason, including hospital charges, medicines and fees will be for my account.

I understand that I will be contacted by Stepping Stones Montessori as soon as possible regarding any emergency involving my child.

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **ABOUT YOUR CHILD**

The following information is necessary to get to know and understand your child:

### **PARENT RELATIONSHIP TO CHILD**

MARITAL STATUS (circle):  Married  Divorced  Separated  Single

IS YOUR CHILD (circle):  Own  Adopted

HAS YOUR CHILD LOST A PARENT, BROTHER, SISTER TO DEATH (circle)?  YES  NO

### **MILESTONES**

STARTED CRAWLING AT: \_\_\_\_\_ Months

STARTED WALKING AT: \_\_\_\_\_ Months

STARTED TALKING AT: \_\_\_\_\_ Months

TOILET TRAINING (Age): \_\_\_\_\_

BEDWETTING:  YES  NO

DOES YOUR CHILD STILL HAVE (circle):  Bottle  Dummy  Security Blanket?

HOW MANY CHILDREN IN YOUR FAMILY? \_\_\_\_\_

POSITION OF YOUR CHILD IN YOU FAMILY: (circle)      1      2      3      4      5

### **PREVIOUS PROGRAMME PARTICIPATION**

HAS YOUR CHILD ATTENDED A MONTESSORI PROGRAMME BEFORE?  YES  NO

HOW LONG DID SHE/HE PARTICIPATE IN A MONTESSORI PROGRAMME?

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AS YOUR CHILD ATTENDED ANY OTHER PROGRAMME(S)?  YES  NO

HOW LONG DID SHE/HE PARTICIPATE IN THIS PROGRAMME(S)?

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CAN YOUR CHILD USE THE RESTROOM INDEPENDENTLY?

YES

NO

DOES YOUR CHILD NEED HELP DRESSING/UNDRESSING?

YES

NO

PLEASE EXPLAIN ANY CONCERNS/FEARS YOUR CHILD MAY HAVE:

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ANY DETAILS YOU WISH TO SHARE:

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PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



## **CONSENT AND INDEMNITY**

We, \_\_\_\_\_ and \_\_\_\_\_

(Full names of parents)

Hereby give consent for our son/daughter to take part in the activities of the school.

*I fully understand and accept that all activities shall be undertaken at my son's/daughter's own risk and I undertake on behalf of myself, my wife/husband and my child aforesaid to indemnify, hold harmless and absolve the Head Teachers and the Staff or any duly authorised representative against and from any claims whatsoever that may arise in connection with any loss or damage to the property or injury to the person of my child aforesaid in any activity, in the knowledge that the Head Teachers and the Staff will nevertheless endeavour to take care of my child to the best of their ability.*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Parent/Guardian)



## **Stepping Stones Montessori Photo Policy**

At Stepping Stones Montessori, we take a few photos of the children while they are engaged and working throughout the morning at school or when we have a celebration or a special occasion to remember.

These photos are sent to parents throughout the week. The images are shared with only the parents from our school and are sent out via whatsapp.

We are very sensitive to the fact that photos of children should be well protected and permission gained for these photos to be taken.

Please sign the permission slip below.

We, \_\_\_\_\_, (Parent's names), the parents of,  
\_\_\_\_\_ (Child/ren's name)

give permission for Stepping Stones Montessori to take photos of our child/ren during the course of the school morning.

We agree to allow the school to send these photos to any current parent at the school and to use these photos in the school newsletter.

If a child other than our own, appears in any photo that we have received over WhatsApp from the school, we will gain permission from that child's parent before using that photo on any social media platform.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_