

CHILD INFORMATION

Family Name: _____ Date Of Birth: ___/___/___

Given Names: _____ Gender: Male Female

Preferred Name: _____ Cultural Background: _____

PRIMARY FAMILY ADDRESS

No & Street _____ Suburb: _____

Post Code: _____ State: _____

Is your child of Aboriginal or Torres Strait Islander origin? No Yes, Aboriginal
Yes, Torres Strait Islander

Is this child under the Guardianship of the Minister for Education and Child Development or in alternative

Yes, Aboriginal & Torres Strait Islander

Does your child have any additional needs or a medical condition that may require support?

No Yes (please provide details below) _____

What year will your child be attending school? _____

Age and Gender of Child's Brothers or Sisters (If applicable)

Name: _____ Age: _____ Gender: M/F

Parent / Guardian details 1

Given Name: _____ Family Name: _____

Relationship to child: _____ Home: _____ Mobile: _____

Work phone: _____ Email: _____

Address: _____ Suburb: _____ Post Code: _____

Cultural Background: _____

Does this child live with parent: No Yes

Parent / Guardian details 2

Given Name: _____ Family Name: _____

Relationship to child: _____ Home: _____ Mobile: _____

Work phone: _____ Email: _____

Address: _____ Suburb: _____ Post Code: _____

Cultural Background: _____

Does this child live with parent: No Yes

Child's Health Information

Registered Medical GP / Medical Service Name:

Registered Medical GP / Medical Service Name Address:

Phone Number:

Maternal & Child Health (MCH) Centre & Phone Number:

Medicare No: _____ Expiry Date / /

Private Health Insurance: _____ Member No: _____

Ambulance Subscription No: _____ Expiry Date / /

HealthCare Card / Pension No: _____ Expiry Date / /

Is this child attending or has previously attended:

Counsellor / Psychologist Specialist Occupational Therapy Paediatrician
Speech Therapy Dietitian other _____ if yes, please provide

Details: _____

Child's Immunisation Status

Has the child been immunised as set out in the Australian Immunisation Schedule?

No Yes

If YES, provide the details by selecting one of the options below:

Attaching the Child History Statement from the Australian Childhood Immunisation Register

If NO, provide the details by selecting one of the options below:

VIC ONLY: If no, provide the details by selecting on the options below:

Attaching the Child History Statement from the Australian Childhood Immunisation Register listing the catch-up schedule OR

A grace period eligibility assessment form.

Statements available from ACIR, 1800 653 809 or www.humanservices.gov.au or mygov website or local Medicare Office.

Child's Medical Information

ANAPHYLAXIS (Reg. 162 (c) (ii) & (d))

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Has the child been diagnosed as a risk of anaphylaxis No Yes

If **yes**,
 Does your child have an auto immune adrenaline device No Yes

If your child has an auto injection device, have you supplied to the service a device with a valid expiry date No
 Yes

Has the anaphylaxis medical management plan given to the service? No Yes

Has a risk management plan been completed by the service in consultation with you?
 No Yes

(Please write on addition notes page if needing more space)

In the case of anaphylaxis you will be provided with a copy of the service's anaphylaxis management policy. You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child's enrolment form. More information can be found at www.allergyfacts.org.au

SPECIFIC HEALTHCARE NEEDS (Reg. 162 (c) (i) & (d))

Does the child have any specific healthcare needs including any medical conditions that are relevant to the care & education of the child? (E.g. asthma, epilepsy, diabetes etc.)
No Yes

If **yes** please provide details of any specific healthcare need/s or medical condition and management plan/s or risk minimisation plan/s to be followed with respect to the specific healthcare need/s or medical condition/s. Attach a copy of any plan/s or additional pages if necessary. (Please write on addition notes page if needing more space)

If necessary, has medication been supplied to the service? No Yes

ALLERGIES (Reg. 162 (c) (ii))

Does your Child have any allergies? No Yes

If **yes** please provide details of any allergies and any management plan/s or risk minimisation plan/s to be followed with respect to the allergy. Attach a copy of any plan/s or additional pages if necessary. (Please write on addition notes page if needing more space)

If necessary, has medication been supplied to the service? No Yes

DIETARY RESTRICTIONS (Reg. 162 (e))

Does the child have any dietary restrictions? No Yes

If yes, please provide details of any restriction: _____

If the service is aware that the child has a specific healthcare need, allergy or other relevant medical condition as identified above, has a copy of the service's Medical conditions policy been provided to the parent or guardian of the child? (Reg91)

No Yes N/A

Has a communications plan been developed to ensure that: (a) relevant staff members and volunteers are informed about the medical condition policy, the medical management plan

and risk minimisation plan for the child and (b) the child’s parent can communicate any changes to the medical management plan and risk minimisation plan for the child.
 (Reg. 90 (1) (c) (IV))

No Yes N/A

*** Funding Information For This Education & Care Service**

From time to time the Regulatory Authorities seek information on the characteristics of the children and their families who use an Education and Care Services. This is used in planning policies, programs and resources to support services. To help provide accurate information please answer the following questions by ticking the appropriate box indication Yes or No:

- * Does the child have a development delay or disability including intellectual, sensory or physical impairment? No Yes
- * Does either parent have disability? No Yes
- * Is the family a single parent family? No Yes

DEFINITIONS

Authorised Nominee/s

Authorised Nominee means a person who has been granted permission by a family member* to collect the child from the Education and care service or the family day care educator (Education and Care Services Nation Law-Section 170(5))

Family Member/s

‘Family member’ as defined in the Education and Care Services Nation Law 2010; Section 5 ‘family member’ in relation to a child, means –

- (a) a parent, grandparent, brother, sister, uncle, aunt or cousin of the child, whether of the whole blood or half-blood and whether that relationship arises by marriage (including a de facto relationship) or by adoption or otherwise or;
- (b) a relative of the child according to Aboriginal or Torres Strait Islander tradition; or
- (c) a person with whom the child resides in a family-like relationship; or
- (d) a person who is recognised in the child’s community as having a familial role in respect of the child

Parental Responsibility

The term ‘parental responsibility’ is defined in the Family Law Act 1975 as “all duties, powers, responsibility and authority which, by law parents have in relation to children”.

All parents have powers and responsibilities in relation to their children, which can only be changed by a court order. These powers and responsibilities are referred to as “parental responsibility” It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Parent Or Guardian Information required by the department of education and Training

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PRIMARY FAMILY DETAILS

NOTE: The 'PRIMARY' Family is: "the family or parent the student mostly lives with". Additional and Alternative family forms are available from the school if this is required. These additional forms are designed to cater for varying family circumstances.

ADULT A DETAILS (PRIMARY CARER):

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult A's occupation?		
Who is Adult A's employer?		
In which country was Adult A born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):	
Does Adult A speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):	
Please indicate any additional languages spoken by Adult A:		
Is an interpreter required? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the highest year of primary or secondary school Adult A has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	
What is the level of the highest qualification the Adult A has completed? (tick one)	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	
What is the occupation group of Adult A? Please select the appropriate parental occupation group from the attached list.	<ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 	

ADULT B DETAILS:

Sex (tick):	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Title: (Ms, Mrs, Mr, Dr etc)		
Legal Surname:		
Legal First Name:		
What is Adult B's occupation?		
Who is Adult B's employer?		
In which country was Adult B born?	<input type="checkbox"/> Australia <input type="checkbox"/> Other (please specify):	
Does Adult B speak a language other than English at home? (If more than one language is spoken at home, indicate the one that is spoken most often.) (tick)	<input type="checkbox"/> No, English only <input type="checkbox"/> Yes (please specify):	
Please indicate any additional languages spoken by Adult B:		
Is an interpreter required? (tick)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the highest year of primary or secondary school Adult B has completed? (tick one) (For persons who have never attended school, mark 'Year 9 or equivalent or below'.)	<input type="checkbox"/> Year 12 or equivalent <input type="checkbox"/> Year 11 or equivalent <input type="checkbox"/> Year 10 or equivalent <input type="checkbox"/> Year 9 or equivalent or below	
What is the level of the highest qualification the Adult B has completed? (tick one)	<input type="checkbox"/> Bachelor degree or above <input type="checkbox"/> Advanced diploma / Diploma <input type="checkbox"/> Certificate I to IV (including trade certificate) <input type="checkbox"/> No non-school qualification	
What is the occupation group of Adult B? Please select the appropriate parental occupation group from the attached list.	<ul style="list-style-type: none"> If the person is not currently in paid work but has had a job in the last 12 months, or has retired in the last 12 months, please use their last occupation to select from the attached occupation group list. If the person has not been in <u>paid</u> work for the last 12 months, enter 'N'. 	

These questions are asked as a requirement of the Commonwealth Government. All schools across Australia are required to collect the same information

Main language spoken at home:	Preferred language of notices:
Are you interested in being involved in school group participation activities? (eg. School Council, excursions) (tick)	<input type="checkbox"/> Adult A <input type="checkbox"/> Adult B <input type="checkbox"/> Both <input type="checkbox"/> Neither

Please see occupation list on page 6.



PARENTAL OCCUPATION INDEX

MANAGERS		
Chief Executives, General Managers and Legislators	Chief Executives and Managing Directors, Corporate General Manager, Defence Force Senior Officer, Local Government Legislator, Member of Parliament	A
Farmers and Farm Managers	Aquaculture Farmers, Crop Farmers, Livestock Farmers, Mixed Crop, Livestock Farmers	A
Specialist Managers	Advertising, Public Relations and Sales Managers, Business Administration Managers, Construction Managers, Education, Health and Welfare Services Managers	A
Hospitality, Retail and Service Managers	Accommodation and Hospitality Managers, Retail Managers	B
PROFESSIONALS generally with a bachelors degree or above		
Arts and Media Professionals	Music Professionals, Photographers, Journalists and Other Writers	A
Business, Human Resource and Marketing Professionals	Accountants, Auditors and Company Secretaries, Financial Brokers and Dealers, and Investment Advisers, Human Resource and Training Professionals, Informational and Organisation Professionals, Sales, Marketing and Public Relations Professionals	A
Design, Engineering and Science Professionals	Architects, Designers, Planners and Surveyors, Engineering Professionals	A
Education Professionals	Early Childhood Teachers, School Teachers, Tertiary Education Teachers	A
Health Professionals	Health Diagnostic and Promotion Professionals, Health Therapy Professionals, Medical Practitioners, Midwifery and Nursing Professionals	A
ICT Professionals	Business and Systems Analysts, and Programmers, Database and Systems Administrators, and ICT Security Specialists	A
Legal, Social and Welfare Professionals	Barristers, Judicial and Other Legal Professionals, Solicitors, Counsellors, Psychologists, Social Workers, Ministers of Religion	A
TECHNICIANS AND TRADES WORKERS		
Engineering, ICT and Science Technicians	Agricultural, Medical and Science Technicians, Building and Engineering Technicians, ICT and Telecommunications Technicians	B
Automotive and Engineering Trades Workers	Automotive Electricians and Mechanics, Mechanical Engineering Trades Workers, Panel beaters, and Vehicle Body Builders, Trimmers and Painters	C
Construction Trades Workers	Bricklayers, and Carpenters and Joiners, Floor Finishers and Painting Trades Workers	C
Electrotechnology and Telecommunications Trades Workers	Electricians, Electronics and Telecommunications Trades Workers	C
Food Trades Workers	Chefs	B
	Bakers and Pastry cooks, Butchers and Smallgoods Makers, Cooks	C
Skilled Animal and Horticultural Workers	Animal Attendants and Trainers, and Shearers, Horticultural Trades Workers	C
Other Technicians and Trades Workers	Hairdressers, Textile, Clothing and Footwear Trades Workers	C
COMMUNITY AND PERSONAL SERVICE WORKERS		
Health and Welfare Support Workers	Ambulance Officers and Paramedics, Dental Hygienists, Technicians and Therapists, Health Workers, Massage Therapists	B
Carers and Aides	Child Carers, Education Aides, Personal Carers and Assistants	D
Hospitality Workers	Bar Attendants and Baristas, Cafe Workers, Gaming Workers	D
Protective Service Workers	Police	B
	Defence Force Members - Other Ranks, Fire and Emergency Workers	C
Personal Service Workers	Beauty Therapists, Driving Instructors, Travel Attendants	D
Sports	Sports Coaches, Instructors and Officials, Sportspersons	C
	Fitness Instructors, Outdoor Adventure Guides	D
CLERICAL AND ADMINISTRATIVE WORKERS		
Office Managers and Program Administrators	Contract, Program and Project Administrators, Office and Practice Managers	B
Personal Assistants and Secretaries	Personal Assistants, Secretaries, Legal Secretaries	C
General Clerical Workers	General Clerks, Keyboard Operators	D
Inquiry Clerks and Receptionists	Call or Contact Centre Information Clerks, Receptionists	D
Numerical Clerks	Bookkeepers, Accounting, Financial and Insurance Clerks, Bank Workers	D
Clerical and Office Support Workers	Couriers and Postal Deliverers, Filing and Registry Clerks, Survey Interviewers	D
Other Clerical and Administrative Workers	Conveyancers and Legal Executives	B
	Court and Legal Clerks, Insurance Investigators, Loss Adjusters and Risk Surveyors	C
	Purchasing and Supply Logistics Clerks, Debt Collectors, Human Resource Clerks, Inspectors and Regulatory Officers	D
SALES WORKERS & MACHINERY OPERATORS, DRIVERS AND LABOURERS		
Sales Agents	Auctioneers, and Stock and Station Agents, Insurance Agents, Real Estate Sales Agents	C
Sales Representatives, Sales Assistants, Salespersons and Sales Support Workers	Sales Representatives, Sales Assistants, Pharmacy Sales Assistants, Retail Supervisors, Checkout Operator	D
Machinery Operators, Drivers and Labourers	Machine and Stationary Plant Operators, Road and Rail Drivers, Stanopersons, Cleaners and Laundry Workers, Factory Process Workers	D

Court Orders In Relation To The Child

Are there any:

- Court orders, parenting orders or parenting plans

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relating to the powers, duties, responsibilities or authorities of any person in relation or access to the child?

- other court orders relating to the child's residence or the child's contact with a parent or other person?

No- Move onto the next section Yes- Please complete the following

If you answer **YES** to the above,

1. Bring the original order/s for educators to sight a copy and attach to this enrolment form;
2. Please describe the order/s and provide the contact details of any person given powers, duties, responsibilities or authorities:

Additional Information

Is this child currently attending or previously attending:

Kindergarten Playgroup Long Day Care Family Day Care

Early Intervention Service Other If **YES**, Please provide details:

* If applicable which school have you or do you plan to enrol the child? _____

* Are you willing to have your child photographed to:
appear in videos, newspapers, Facebook, website & other publications? No Yes

* displayed at the service, on Open days, AGMs or Pre-school Fete? No Yes

* Do you give permission to conduct head lice check? No Yes

* Please indicate festivals/celebrations your family recognises and / or list below any cultural beliefs you wish the educators to be aware of:

Australia Day Birthdays Christmas Diwali Easter Eid Al-Adha
Mother's Day Father's Day New Year Hanukkah Moon Festival NAIDOC Week
Name Day Orthodox Easter Ramadan Tet
Winter/Summer Solstice

Please list others & attach any specific information related to the above: _____

* Do you have any pets?

Name: _____ Type: _____

Name: _____ Type: _____

Additional Information (Child Information)

NAME OF CHILD: _____ **Date of Birth:** _____

Child's Current Age (at time of completing this form): _____ years _____ months

WHAT YEAR WILL YOUR CHILD BE ATTENDING SCHOOL. _____

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D.E.T. (DEPARTMENT OF EDUCATION AND TRAINING) STATES THAT 1 YEAR OF FUNDING IS PROVIDED TO EACH CHILD **IN THE YEAR PRIOR TO SCHOOL** SO PLEASE GIVE THE QUESTION SERIOUS CONSIDERATION.

A. INTERESTS

What are your child's interests?

What activities does your family enjoy doing together?

Does your child have any cultural or religious requirements?

B. PERSONALITY

How does your child socialize with others' their own age?

How is your child's behavior at home? (Any Concerns?)

Does anything upset your child?

How may we distract your child if they are upset at pre-school? (E.g. stories/drawing)

C. HEALTH AND WELL BEING

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Who usually cares for your child during weekdays?

Does your child have any additional needs? (Including but not limited to -speech, hearing, sight)

Is your child fully toilet trained?

D. PARENTAL SUPPORT AND EXPECTATION

How did you hear about the Macedon Ranges Montessori Preschool?

What attracted you to the Montessori System of Education?

What expectations/outcomes do you have for your child while they attend the program?

Do you have any skills/services that may help our pre-school? (E.g. carpentry, craft, gardening)

Do you have access to anything that may help the pre-school? (E.g. contacts, fundraising)

Please list any further information that may useful for staff.

Handbook Acknowledgment

I.....(name)(address)
have read the Macedon Ranges Handbook and related policies, procedures, rules and regulations which are available at www.macedonrangesmontessori.com.au and on display in the Pre-School Foyer. I am also aware of the fungus that may grow at the Pre-School. Upon signing, I agree to abide by the policies and terms and conditions including assistance with

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fundraising, working bees and rostered duties (including providing fruit when required and attending to laundry duty).

.....

Signature of parent/guardian

Date / / 20 ____

Sunscreen Authority

Authority for staff to administer sunscreen provided by the parent/guardian

I, _____, give permission for the staff at Macedon Ranges Montessori Pre-School to apply, as appropriate, to all exposed parts of my child's body the sunscreen that I have supplied and labeled with my child/children's name. This sunscreen is an SPF 30+, broad spectrum, water-resistant sunscreen. I understand that this sunscreen will be kept at the service.

It is my responsibility to ensure there is always an adequate supply of sunscreen at the service,

Name of Child: _____

Signature (parent/guardian) _____

Date: / / 20 ____

In the event that parent provided Sunscreen is not available

I, _____, give/do not give permission for the staff at Macedon Ranges Montessori Pre- School to apply appropriate SPF 30+, broad spectrum, water resistant sunscreen to all exposed parts of my child's body.

Name of Child: _____

Signature (parent/guardian) _____

Date: / / 20 ____

Authorised Emergency Contacts

Please list below the details of those people who you have authorized as emergency contacts for the child. The list may be amended at any time. In the event that the parents or guardians cannot be contacted the person/s listed below with authority will be contacted regarding collecting the child, in event of an emergency involving the child, consent to medical treatment or the administration of medication, or the to authorise an Educator to take the child outside of the service premises. Please tick the appropriate box for each contact to confirm authorisations.

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Name _____

Address _____

Phone _____ Mobile _____

Email _____

Relationship to child _____

Authorised to collect (Authorised Nominee) (Reg. 160(3) (b) (iii))

Notification in the event of an emergency (Reg. 160(3) (b) (ii))

Authorised to Consent to Medical Treatment (Reg. 160(3) (b) (IV))

Authorisation for the administration of medication (Reg. 160(3) (b) (IV))

Authorised to authorise an Educator to take the child outside of the premises (Reg. 160(3) (b) (IV) & (v))

Name _____

Address _____

Phone _____ Mobile _____

Email _____

Relationship to child _____

Authorised to collect (Authorised Nominee) (Reg. 160(3) (b) (iii))

Notification in the event of an emergency (Reg. 160(3) (b) (ii))

Authorised to Consent to Medical Treatment (Reg. 160(3) (b) (iv))

Authorisation for the administration of medication (Reg. 160(3) (b) (IV))

Authorised to authorise an Educator to take the child outside of the premises (Reg. 160(3) (b) (iv) & (v))

Name _____

Address _____

Phone _____ Mobile _____

Email _____

Relationship to child _____

Authorised to collect (Authorised Nominee) (Reg. 160(3) (b) (iii))

Notification in the event of an emergency (Reg. 160(3) (b) (ii))

Authorised to Consent to Medical Treatment (Reg. 160(3) (b) (IV))

Authorisation for the administration of medication (Reg. 160(3) (b) (IV))

Authorised to authorise an Educator to take the child outside of the premises (Reg. 160(3) (b) (iv) & (v))

Name _____

Address _____

Phone _____ Mobile _____

Email _____

Relationship to child _____

Authorised to collect (Authorised Nominee) (Reg. 160(3) (b) (iii))

Notification in the event of an emergency (Reg. 160(3) (b) (ii))

Authorised to Consent to Medical Treatment (Reg. 160(3) (b) (iv))

Authorisation for the administration of medication (Reg. 160(3) (b) (iv))

Authorised to authorise an Educator to take the child outside of the premises (Reg. 160(3) (b) (iv) & (v))

Authorisation & Declaration

I, _____ (print full name)

- A person with parental responsibility of the child referred to in the enrolment for (reg.161):
- authorise the Approved Provider, Nominated Supervisor, or an educator or in the case of Family Day Care, the family day care educator, to seek
 - medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and

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- transportation of the child by an ambulance service; and
- if relevant, an authorisation given under regulation 102 for the Educator and Care services to take the child on regular outings.
- * agree that I am responsible for any expenses incurred during a medical emergency in relation to the child;
- agree to collect or make arrangements for the collection of the child if he or she becomes unwell;
- understand that In an emergency situation or where evacuation is necessary that the child may need to leave the Education and Care Service under the direction and supervision of the approved provider, nominated supervisor or educator;
- have read & understood the Education and Care Service's policies including the 'payment of fees';
- declare that the information in this enrolment form is true and correct and undertake to immediately inform the Education and Care Service in the event of any change to this information;

Give permission to contact Maternal Child Health if needed.

Signature of a person with parental responsibility of the child

Date / / 20 _____

If you have any questions when filling out the form, Please contact your education and care services.

Addition Notes if needed.

Are you aware of the death cap fungus that may grow at the pre-school?

No **Yes**

Has your child attended Child Care?

No **Yes**

Do you agree to have your name, suburb, email address and mobile number circulated within the preschool for communication purposes?

No **Yes**

I understand that my child is entitled to one year of funding in the year prior to entering school

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No Yes

I understand that should I choose to use my one year of funding and not send my child to school in the following year then I will not have access to funding for Pre-School / Kindergarten in either a government or independent centre including a Long Day Care Facility. In addition should my child be attending a Long Day Care facility where a Funded 4 year old program operates while attending a funded 4 year old position at Macedon Ranges Montessori Pre-School I must advise the Long Day Care Facility that my child is currently receiving their funding at this Pre-School.

A listing and copy of all Policies of MRMP are available at the Centre and also on our website.

Parent Name (Please Print) _____

Parent Signature _____ Date / /20____

Centre Director/Nominated Supervisor Signature _____

Date / /20____

Maria Cope

Child's Name _____

Parent Helper Tasks

Please consider what you can volunteer for with the pre-school's operations and fundraising activities throughout the year.

Please tick specific areas-

Maintenance – Odd jobs, Playground maintenance

Advertising and Social media

Poster Run – to local organisations

Working Bees

Family BBQ

Cake Stall

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Bunning Sausage Sizzle

Sewing

Fete

Policy Reviews

Children's Weekly Library

Covering Books, Laminating and label making

Other

.....

.....

One of our committee members may be in touch with you prior to the event to ask if you can help.

Would you like to continue receiving information regarding Fundraising and particularly our Annual Fete after your child has left the Centre

No **Yes**