



0 – 3 Bush Babes/Playgroup Program

ENROLMENT FORM

Child's Name: _____ Date of Birth: _____

Parents' names _____

Home address _____

Postal Address _____

Phone (H) _____ (W) _____ (M) _____

Email _____

Emergency Contact Person _____

Phone _____

We would like to attend: Wednesday Thursday

Older siblings attending Montessori? _____

Is your child immunized according to the Govt schedule? YES NO

(If NO, please provide details) _____

Does your child have allergies or a medical condition? YES NO

(If YES, please provide details) _____

Please comment upon your child's developmental progress at this point in time

Child's Likes: _____ Child's Dislikes: _____

How did you hear about us? _____

Do you give your permission for your child/ren to be photographed at school activities and be published in MRMS publications including website, Facebook and local newspapers? YES NO

FEES

- \$140 per term
- Position is not guaranteed until full payment is received, prior to term commencement
- Enrolment and payment for each term is preferred 2 weeks before the end of the previous term.
- 50% discount for sibling 1-3 / No fees for second sibling under 1 year old

BANK DETAILS

Name of Account: Margaret River Montessori School

BSB: 306-021

Account: 051026-7

Reference: (SURNAME) Playgroup

I have read and understand the Bush Babes 0-3 Information Sheet

I understand that I am responsible for the supervision of my child at all times.

I understand that the fee is a term fee and that there are no provisions for reimbursement for missed sessions or mid-term withdrawal.

I understand that to place my child on the enrolment wait list for Margaret River Montessori School I need to complete and return the application for Enrolment Form available at School Administration.

I understand Bush Babes is an Allergy Aware Program and I agree to abide by any procedures required.

Signed _____ Date _____