



OATLANDS MONTESSORI

EXPRESSION OF INTEREST FORM

Date received _____

NAME OF CHILD _____

HOME ADDRESS _____

Email Address _____

DATE OF BIRTH _____ GENDER: MALE _____ FEMALE _____

PARENTS COUNTRY OF ORIGIN _____ RELIGION _____

START DATE _____

PARENTS NAME & MOBILE: MUM: _____

DAD: _____

HOME PHONE NO: _____

Do you have other children attending Oatlands Primary School ?

YES/ NO . NAME: _____ CLASS: _____

Is this child registered to attend Oatlands Primary school after Montessori

YES/NO _____

Any Other Information _____

Oatlands Montessori is open Monday to Friday, 9am to 12.30 pm during school term times only.



Does your child suffer from any medical conditions and / or allergies YES / NO

Please give brief details _____

Does your child suffer from any hearing and / or speech difficulties? _____

Does your child have any special dietary requirements? _____

Names of brothers and sisters (if any) _____

PERMISSION FOR OUTINGS

I/we give permission for _____ (child's name) to partake in walks and other outings outside the Montessori grounds on the understanding that the adult/child ratios as recommended by the Childcare Regulations will be adhered to at all times.

Signed _____ Parent/Guardian

Signed _____ Manager Date _____

ACCIDENT and/or EMERGENCY CONSENT FORM

I/we _____ parent/guardian of _____ give permission to the management of Oatlands Montessori to act on my behalf in case of emergency or accident and to take such action as may be necessary for the benefit of my child. This decision will be taken by the person in charge at the time of the emergency and after failing to contact parent/guardian.

Signed _____ Parent/Guardian

Signed _____ Manager Date _____

PERMISSION TO BE PHOTOGRAPED OR VIDEO RECORDED WHILE AT MONTESSORI.

I/we give permission for my child to be photographed or video recorded, under the supervision of Oatlands Montessori management. Photographs and videos will only be used for school purposes

Signed _____ Parent/Guardian

Signed _____ Manager Date _____

DATE OF COMMENCEMENT _____

DATE CEASED ATTENDING _____