

Child Information

Child's full name:

Date of Birth:

Gender:

Parent Information

Parent/Guardian 1 Full Name:

Relationship to child:

Home Address:

Suburb:

Postcode:

Home Phone:

Mobile:

Email:

Parent/Guardian 2 Full Name:

Relationship to child:

Home Address:

Suburb:

Postcode:

Home Phone:

Mobile:

Email:

Montessori History

Has a sibling attended ISMS?

YES

NO

If no, how did you hear about ISMS? _____

Have you applied to join the school waitlist?

YES

NO

PLEASE NOTE: Enrolment in NIDO is not a pre-requisite to joining the school waitlist.

Session Preference - the NIDO program is for children aged from 0-18 months

In which term are you eligible to commence?

Please number your session preference:	Monday	1:00 – 2:30pm	_____
	Tuesday	1:00 – 2:30pm	_____
	Friday	1:00 – 2:30pm	_____

The 2010 term fees for the NIDO program are \$195.00 per term.

Health Information

Please describe any relevant information about your child, e.g. physical limitations or medical conditions (asthma, epilepsy, allergies etc):

Is your child immunised? YES NO

If not, please refer to the ISMS immunisation policy.

Enrolment Declaration

Enrolment in NIDO is separate to enrolment in the Inner Sydney Montessori School. I understand that to enroll my child in the School, I need to attend an observation morning, complete a waitlist application form and pay any applicable fees.

I understand that all policies pertaining to ISMS also apply to the NIDO program.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Please return this form to the Inner Sydney Montessori School, 44 Smith Street, Balmain NSW 2041

Office Use Only - Date Received: