



# Montessori Western Metro

## Yearly update to Enrolment Details Form

### CHILDREN'S DETAILS

Child's Given Name:	Child's Family Name:
Parent First and Last Name:	Date of birth: ___/___/___
Parent email:	Parent number:

**Has your Child's medical condition changed in the past year? YES / NO** (if you circled YES please list below)

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**Have your current living arrangements changed? YES / NO** (if you circled YES please list below)

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**Is your current address different to the one you first enrolled with? YES / NO** (if you circled YES please list below)

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**Has your child developed any medical conditions over the past year that are not listed in enrolment? This could include Asthma or Anaphylaxis? YES / NO**

(if you circled YES please list below)

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**Has your child been diagnosed with a disability that has not been listed in enrolment form? YES / NO**

(if you circled YES please list below)

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**What Days does your child currently attend the Centre?** (Please circle)

Monday	Tuesday	Wednesday	Thursday	Friday
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**Would you like to change the days your child attends the center?** (YES / NO (please circle))

**If you circled YES above what days would you like to change to?**

Monday	Tuesday	Wednesday	Thursday	Friday
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**Would you like your child to attend more days? Which days?** (Please circle which day)

Monday	Tuesday	Wednesday	Thursday	Friday
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**PARENT/GUARDIAN SIGNATURE**

I \_\_\_\_\_ the parent of \_\_\_\_\_ have provided the most accurate and updated information to the best of my ability.

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

**Privacy Notification:** The personal and health information being collected on this form by Montessori Western Metro for the purpose of updating the Centre enrolment records. The information will solely be used by Montessori Western Metro. This information shall remain private and confidential within the Centre and will only be disclosed to other person or agencies as consented by the parents.