

## The Ela Murray International School Application for Enrolment Early Learning Centre



Date of Application:									
I wish to re-enrol my child							_ for 2019		
DOB:									
YES NO D	If no, pl	ease return forr	n to the offic	e with ju	st one ti	ck			
2019 Placement* (please r		Mon	Tues	Wed	Thu	Fri			
Toddlers (from 2 years)			8:00-2:30						
Reception (3 before	8:00-2:30								
Transition (4 before March 31 and toilet trained) *Change of days selected can only be made every half ten			8:00-2:30	Five Days Only					
If YES, please complete of Mother/Guardian Details		s in the form be		dian Deta	ilc				
Name:			Father/Guardian Details Name:						
Home Address:			Home Address:						
Work phone:			Work phone:						
Home phone:			Home phone:						
Mobile:			Mobile:						
Email:			Email:						
Fee Information									
Fee payer:		Self		Employer: Name:					
Method of sending invoice:		Email:							
Payment Type:		Annual:		m:					
<b>Emergency Information</b>									
Contact 1 Name:			Contact 2 Name:						
Hm Ph:	Ph: Wk Ph:		Hm Ph: Wk Ph:						
Mobile:			Mobile:						
Student's Doctor									
Name:			Phone:						



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Have there been any changes in the medical condition of your child Yes 🗖 No 🗖 **Health and Safety** Yes 🖵 No 📮 Does your child have any medical conditions that the school should be aware of? Nature of condition: Yes 📮 No 🗆 Does your child require any medication? Details of medication: In the event of the school being unable to contact parents/guardians in an emergency, I give permission to arrange medical and/or dental treatment, as required. The cost of this treatment will be covered by the parent. I give permission for my child to attend school excursions. The school will notify parents prior to the excursions regarding specific details. I understand that images of my child may be used in school and IEA publications, including the school and IEA websites. I have read the Parent Handbook and agree to abide by school policies. Selected days are for one term and changes to days can only happen per term. No refund will be given if the requested days are not used during the term. I will notify the school if there are any changes to the information on this form, in particular contact information and living arrangements. Signature of Parent / Guardian: \_\_\_\_\_ Date:\_\_\_\_\_

Signature of Parent / Guardian:

Date:\_\_\_\_