

# REGISTRATION | TRANSITION PROGRAM FOR 2½ - 3 Y.O.

## CHILD DETAILS

Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Residential Address \_\_\_\_\_

Post Code \_\_\_\_\_

Male  Female

Date of Birth ..... / ..... / .....

I wish to enter my child at the beginning of: \_\_\_\_\_

Term ..... of 20 .....

The transition sessions will be held on  
**Wednesday from 9.30am - 12 noon** in the Infant Program room.

## SPECIAL NEEDS

1. Does your child have a known disability?  
 Yes (Please state briefly below)  No

2. Has your child ever received support from, or been assessed by, one of the following:  
 Psychologist  Speech Therapist  
 Physiotherapist  Occupational Therapist

3. Does your child have any health issues?  
 Yes (Please state briefly below)  No

4. Does your child require a health care plan or emergency action plan?  
 Yes (Please state briefly below)  No

5. Is your child on any regular prescribed medication?  
 Yes (Please state briefly below)  No

## PLEASE NOTE:

- We will confirm your child's offer of a place in the Transition Program.
- The Transition Program fee is payable prior to commencing in the Transition Program.
- A place in the Transition Program does not automatically secure a place in The Hills Montessori School Pre-School or Primary School. The normal application and enrolment procedures apply.

## PARENT/GUARDIAN DETAILS

**PARENT 1 / GUARDIAN** Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Postal Address (if different from residential) \_\_\_\_\_

Post Code \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Telephone • Home \_\_\_\_\_ • Business \_\_\_\_\_  
• Mobile \_\_\_\_\_

Email \_\_\_\_\_

**PARENT 2 / GUARDIAN** Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Postal Address (if different from residential) \_\_\_\_\_

Post Code \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Telephone • Home \_\_\_\_\_ • Business \_\_\_\_\_  
• Mobile \_\_\_\_\_

Email \_\_\_\_\_

Do you consent for the publication of your child's images which may be included in newsletters, magazines, performance video, Facebook, the school website and/or newspapers?

Yes  No

Signature \_\_\_\_\_

Date ..... / ..... / .....

This form should be completed and forwarded to the school office. Failure to complete accurately all sections of the Registration form may result in the school's inability to accommodate your child's individual needs and may affect your child's continued involvement and / or future enrolment.