

PLEASE LIST ANY ALLERGIES OR MEDICAL CONDITIONS

Please list any allergies/medical conditions that your child has:

Please list any allergies/medical conditions that you (parent accompanying adult) have:

In the case of injury, accident or illness sustained by either myself or my child (which renders me incapable of acting for myself or on behalf of my child) I authorise the Principal or teacher in charge to seek medical treatment as may be deemed necessary.

In the event of such an emergency, the School will seek medical advice from the medical clinic adjacent to the School:

St Helena Medical Centre
212 Aqueduct Road
St Helena Vic 3088
9438 5666

I give permission in accordance with the above statement YES NO

PLAYGROUP FEES

**Playgroup Fees are to be paid upon submission of the Application.
Please advise by the last week of Term if your child will not be returning the following Term.**

Cheques - to be made payable to **Plenty Valley International Montessori School** and can be submitted to Reception or via Australia Post.

Credit Card / EFT - can be paid either in person or over the phone to Reception. (There is a 1.5% surcharge for Credit Card but not EFT)

Direct Deposit - BSB 124-001 / Account Number 2205 9515 (Please use your child's full name as the reference)

AUTHORISATION

PVIMS is endeavours to be paperless in communications where possible. I/we authorise PVIMS to send information via email.

Completion of a Playgroup Enrolment Form does not guarantee a placement in other Programs however priority is given to children who attend Playgroup or Early Learning.

Signature of Father / Guardian	Date
Signature of Mother / Guardian	Date