

# ENROLMENT FORM

Name of Child \_\_\_\_\_

Name of Parent or guardian \_\_\_\_\_

Place you wish to enrol your child for

**Montessori 3 hour session** \_\_\_ (five days only)

**Montessori 3.5 hour session**\_\_\_ (five days only)

**Full time care**\_\_\_

**Afterschool care** \_\_\_

**Afterschool care and breakfast club (7.30-8.30)** \_\_\_

If part of a week is requested please indicate days below:

Monday	Tuesday	Wednesday	Thursday	Friday

I have received a copy of Rainbow Daycare Guidelines and I accept them I have also read and accept Rainbows enrolment policy and fees policy. (For ECCE children only) I have signed a copy of the ECCE fees policy.

I understand that I may only change my child's days or hours if they are available and if they are not that Rainbow can give me 4 weeks notice to terminate my child's place.

Signed by parent 1 \_\_\_\_\_

Signed by parent 2 \_\_\_\_\_

Date \_\_\_\_\_

Signed on behalf of Rainbow \_\_\_\_\_

Dated \_\_\_\_\_