

# Enniskerry Montessori & Afterschool Care

*Please complete with your child's full name, date starting, parents name, parents signature and dated. This form should then be returned to Enniskerry Montessori & Afterschool Care.*

I have read the Parents Handbook and I agree to abide by the conditions therein.

I am aware that this service has comprehensive policies and procedures and that these are available to read upon request.

I have been given a copy of the Privacy Statement

Child's name is: \_\_\_\_\_

Date commenced at: \_\_\_\_\_

Parents Name(s) (Block Capitals) and signature(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

Dated: \_\_\_\_\_