

Thank you for choosing Mini Minds!
Please complete the details below so we can begin
preparing your child's place in our program.

STUDENT INFORMATION

Full Name _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Gender Male Female Age _____

Home Address _____

Cultural background (optional) _____ Email _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1:

Name: _____

Mobile: _____

Email: _____

Emergency Contact (Not a parent)

Name: _____

Mobile: _____

Email: _____

Parent/Guardian 2:

Name: _____

Mobile: _____

Email: _____

Emergency Contact 2 (Not a parent)

Name: _____

Mobile: _____

Email: _____

GETTING TO KNOW YOUR CHILD

Preferred Days:

Full Day:

Tuesday Wednesday
 Thursday Friday

Half Day:

Tuesday Wednesday
 Thursday Friday

Preferred Start date: _____

DEVELOPMENTAL SUPPORT:

How would you describe your child's personality?

What are your child's current interests?

What helps calm or comfort your child?

Do you have any specific goals for your child during the program?

Toilet training status?

MEDICAL AND HEALTH INFORMATION

Please advise if your child has any medical conditions, allergies or health needs we should be aware of

No medical conditions No

Yes (please specify) Yes

Emergency Details (if applicable)

Parent Acknowledgement

I confirm this information is accurate and will notify the service of any changes

Signature: _____

PERMISSIONS AND CONSENT

Photo and Media Permission

My child can appear on Mini Minds social media Yes No

My child may appear in internal learning documentation Yes No

Communication Consent

I agree to be contacted via email Yes No

I agree to be contacted via SMS for daily notes and updates Yes No

POLICIES SUMMARY

PARENTS AGREE TO:

Follow Mini Minds' safety and behaviour guidelines
Provide accurate medical information and update as needed
Pay fees on time
Communicate absences
Support safe, respectful behaviour in the program

"I confirm that all information provided in this form is true and correct.
I understand and accept the Mini Minds School Readiness Academy policies and expectations."

Signature: _____

Name: _____

Date: ____ / ____ / ____