MINI MINDS SCHOOL READINESS 2027

Thank you for choosing Mini Minds!
Please complete the details below so we can begin preparing your childs 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 1:

Name: _____

Mobile: _____

Email: _____

Emergency Contact 2 (Not a parent)

Name: _____

Mobile: _____

Email: _____

GETTING TO KNOW YOUR CHILD

Preferred Days:

Full Day:

◯ Monday ◯ Tuesday ◯ Wednesday

◯ Thursday ◯ Friday

Half Day:

◯ Monday ◯ 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: ____/____/____