



Please attach a passport sized photo of your child here

## ADMISSIONS PROCEDURE

Please see the 'Admissions' section of our website or alternatively contact us using the details below for further information.

## CONDITIONS OF ENTRY

Fees are payable in advance by the first day of each month by Direct Debit.

Written notice of intention to remove a pupil must be given three months in advance, otherwise a quarter's fees are due in lieu of notice. Reduction of days/time booked also requires 3 months notice and is accommodated at our discretion.

## MONTESSORI NURSERY: REGISTRATION FORM

### PARTICULARS OF CHILD

Full name of child \_\_\_\_\_

Name he/she answers to \_\_\_\_\_

Boy/Girl \_\_\_\_\_

Date of birth/Due date \_\_\_\_\_

Languages spoken at home \_\_\_\_\_

Nationality \_\_\_\_\_

Names and dates of birth of siblings \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR OFFICE USE ONLY

Date of registration \_\_\_\_/\_\_\_\_/\_\_\_\_ Reg fee received £ \_\_\_\_\_

DETAILS OF INDIVIDUALS WITH PARENTAL RESPONSIBILITY FOR THE CHILD

Name and title \_\_\_\_\_

Address \_\_\_\_\_

Home telephone number \_\_\_\_\_

Job title (and/or profession) \_\_\_\_\_

Company name and address \_\_\_\_\_

Office telephone number \_\_\_\_\_

Mobile number \_\_\_\_\_

Email \_\_\_\_\_

Name and title \_\_\_\_\_

Address \_\_\_\_\_

Home telephone number \_\_\_\_\_

Job title (and/or profession) \_\_\_\_\_

Company name and address \_\_\_\_\_

Office telephone number \_\_\_\_\_

Mobile number \_\_\_\_\_

Email \_\_\_\_\_

ATTENDANCE

Desired month/term of entry \_\_\_\_\_

Please indicate which sessions your child wishes to attend:

*3 months – 3 years*

- 5 full days** (8am – 6pm) *Mondays to Fridays*
- 4 full days** (8am – 6pm) *Mondays to Fridays*
- 3 full days** (8am – 6pm) *Mondays, Tuesdays and Wednesdays*
- 2 full days** (8am – 6pm) *Thursdays and Fridays*

*18 months – 3 years*

- Mornings**  
(9am - 12:30pm) M T W Th F  
*or* 9am to 2:15pm M T W Th F
- Afternoons** (2:15pm - 5pm) M T W Th F

*Term after 3rd birthday (in Les Papillons and Les Dauphins groups only)*

- Core day** (9am – 4pm) *Mondays to Fridays*
- 3 full days** (8am – 6pm) *Mondays to Fridays*
- 4 full days** (8am – 6pm) *Mondays to Fridays*
- 5 full days** (8am – 6pm) *Mondays to Fridays*

Have you registered your child’s name at any other schools and if so, which?

Name of proposed school	Date of entry
_____	_____ 1st choice
_____	_____ 2nd choice
_____	_____ 3rd choice

*Please ensure the above section is completed*

Does your child have an allergy or medical condition that we should be aware of?

- Yes  No If Yes, please give details in a covering letter.

I/We accept the terms and conditions listed overleaf and agree to adhere to the same. I/We enclose a non-refundable registration fee of £50 and have attached a passport sized photograph of my child.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

**Both individuals with parental responsibility must sign this form**