



REGISTRATION FORM - EDGWARE

GENERAL INFORMATION

Surname:		Child's Name(s):	
Known as:	Date of birth:	Male/Female:	
Child's address:			
City:	County:	Postcode:	
Home Tel No:	Enrolment mm/yy:	Graduation mm/yy:	

PARENT'S INFORMATION

Mother's Full Name (<i>Inc. Title</i>):		
Occupation:	Home Tel No:	Work Tel No:
Mobile Tel No:	E-mail:	
Father's Full Name (<i>Inc. Title</i>):		
Occupation:	Home Tel No:	Work Tel No:
Mobile Tel No:	E-mail:	
Parental Responsibility? Mother / Father / Both		

ETHNIC ORIGIN

Ethnic Origin:	Mother Tongue:
Is English your child's second language:	Other languages:

EMERGENCY CONTACT

In the event of us needing to contact somebody during the school day, and neither of the parents named above are available, kindly give us the details of someone else we may contact.

Emergency Contact Full Name:		
Address:		Home Tel No:
City:	Postcode:	Mobile Tel No:
Relationship to the child:		

MEDICAL INFORMATION

Doctor's Name:	
Practice Name:	
Doctor's Address:	
Postcode:	Tel:



MEDICAL HISTORY

Please include details of the vaccinations your child has received (Note: those listed below are the vaccinations your child would have received at 2, 3, 4, 12-13 months):

Immunisation	Yes or No	Date
Sin1 (Diphtheria, Tetanus, Polio, whooping cough (pertussis), Haemophilus influenza type b (known as Hib)		
Pneumococcal (PCV) vaccine		
Rotavirus vaccine		
Meningitis C		
Measles, mumps and rubella (MMR) vaccine (single jab)		
Has your child suffered any major illnesses?	If yes, state:	
Does your child have an on-going health issues?	If yes, state:	
Does your child suffer from any allergies (non-food related)?	If yes, state:	

DIETARY REQUIREMENTS

Does your child suffer from any food related allergies?	If yes, state:
Is your child vegetarian?	If so, please specify if your child eats eggs.
If your child does not eat eggs, does this also apply to eggs in recipes?	
Are there any specific dietary requirements that we need to be aware of?	

COLLECTION

***Apert** from the mother's and father's details specified in section 2, please outline below any individuals who may pick your child up from school. Please provide their mobile number as this will be used to identify them upon pick up:*

Name	Mobile Tel No	Relationship to child
1.		
2.		
3.		

PLEASE NOTE, CHILDREN WILL NOT BE RELEASED TO AN UNAUTHORISED PERSON. IF THERE IS A PERSON YOU WOULD NOT WANT YOUR CHILD TO COME IN CONTACT WITH, YOU MUST INFORM US NOW OR IMMEDIATELY IF CIRCUMSTANCES CHANGE. IF YOU ARE SENDING SOMEONE ELSE TO COLLECT YOUR CHILD, YOU MUST INFORM US BEFOREHAND.

CONSENT

Medical: I/We give my/our consent to all staff at Fountain Montessori Pre-school to provide or arrange to provide medical or First Aid treatment (including hospital treatment, if necessary) for my child in cases of emergency or in cases of your failed attempts to contact us within reasonable time span.

Signature of Mother:	Date:
Signature of Father:	Date:

Outings: I/we give my/our consent to all staff at Fountain Montessori Pre-school to take my child on outings. I understand that this may include a brief visit to the local surrounding areas, or day trips.

Signature of Mother:	Date:
Signature of Father:	Date:

Photos: I/we give my/our consent to all staff at Fountain Montessori Pre-school to take photos /videos of my child for the purpose of recording their progress and evidence of their work (as required by OFSTED).

Signature of Mother:	Date:
Signature of Father:	Date:

Print Media: I/We also give/do not give permission to the owner and management of Fountain Montessori Pre-school to include my child/children's photos/videos for wall displays within the school and advertising and marketing materials including posters in public places, leaflets, and our website.				
Signature of Mother:			Date:	
Signature of Father:			Date:	
Digital Media: I/We also give/do not give permission to the owner and management of Fountain Montessori Pre-school to include my child/children's photos/videos for advertising and marketing materials including Facebook, Pinterest, Instagram.				
Signature of Mother:			Date:	
Signature of Father:			Date:	
Policies and Procedures: I/We understand that we need to respect the school's policies and ground rules and follow them and encourage my/our child to follow them. I/We have been informed that these are available for us to view at any time. I/we agree to give one full term's written notice before withdrawing my/our child from the school, or pay the full term's fees. I/we understand that a lateness fee of £15 applies if I pick up my child late from school.				
Signature of Mother:			Date:	
Signature of Father:			Date:	
Deposit and Registration fees:				
<ul style="list-style-type: none"> • I/we enclose the non-refundable registration fee of £100 payable to Fountain Montessori Pre-school. • I/we enclose £500 deposit payable to Fountain Montessori Pre-school, which will be deducted from the fees of my/our child's last month with the school or refunded upon child's graduation. • I/we agree to pay each month's fees on the last day of the previous month. • I/we understand that fees are still payable in cases of my child's absence due to illnesses, holidays or any other leave taken during the school time, authorised or unauthorised by school. • I/we understand that the fee structure may change without any prior notice. • I/We agree to its terms and understand that my/our son/daughter will be subject to the Nursery Rules and Regulations. • The deposit is non-refundable if a child is withdrawn before he/she takes up his/her place. For a child already attending the Nursery a term's notice in writing is required if he/she is to be withdrawn from the Nursery. The deposit will be forfeit if this condition is not met. 				
Signature of Mother:			Date:	
Signature of Father:			Date:	
SESSIONS				
<i>Please tick the sessions you are interested in:</i>				
	Morning session (8am-1pm)	Full day (8am-3pm)	Extended day (8am-6pm)	* Free Funded (term time only)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
UNDER 3'S - MINIMUM 3 SESSIONS		OVER 3'S - MINIMUM 5 MORNING OR 5 AFTERNOON SESSIONS		*FREE FUNDED SESSIONS - 5 DAYS - PM ONLY
How did you hear about Fountain Montessori (please circle)				
Internet	Friend or family	Adverts	Flyers	Other

<u>For staff use only</u>
Date received:
Registration:
Deposit:
Invoice ID:
Confirmed sessions: