

Burgh Wood Montessori Nursery School Registration Form

About your child...

Personal details

Surname: _____ Gender: _____

Forenames: _____ Nationality: _____

Date of birth: _____ Religion: _____

Age at entry: _____ Ethnic Origin: _____

Important information

Primary Language: _____ Secondary Language: _____

About you...

Primary contact details

Primary Contact Name: _____

Relationship: _____

Contact Number 1: _____

Contact Number 2: _____

Email Address: _____

Address details

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

Address Line 4: _____

Postcode: _____

Secondary contact details

Secondary Contact Name: _____

Relationship: _____

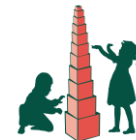
Contact Number 1: _____

Contact Number 2: _____

Email Address: _____

Address details

Address Line 1: _____



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Address Line 2: _____

Address Line 3: _____

Address Line 4: _____

Postcode: _____

Security

Family password¹: _____

Medical information

GP contact details

GP Name: _____

Surgery Name: _____

Address Line 1: _____

Address Line 2: _____

Address Line 3: _____

Address Line 4: _____

Postcode: _____

Contact Number: _____

Email Address: _____

Does your child require any vaccinations: Yes / No

Does your child have any medical conditions: Yes / No

Does your child have any dietary requirements: Yes / No

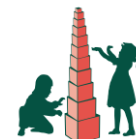
Does your child have any allergies: Yes / No

Does your child have any special educational needs²: Yes / No

Note | If the answer is yes to any question please provide additional information in a covering letter.

¹ You can provide a family password to be given by another person (other than the primary/secondary contact) when picking up your child.

² Including physical impairments and/or learning difficulties.



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Session Requirements

We are open term time only, Tuesday to Friday, and we operate two sessions per day - a morning session from 09:00 to 12:00 and an afternoon session from 12:00 to 15:00.

Sessions required

Tuesday	Morning Session	<input type="checkbox"/>	Afternoon Session	<input type="checkbox"/>
Wednesday	Morning Session	<input type="checkbox"/>	Afternoon Session	<input type="checkbox"/>
Thursday	Morning Session	<input type="checkbox"/>	Afternoon Session	<input type="checkbox"/>
Friday	Morning Session	<input type="checkbox"/>	Afternoon Session	<input type="checkbox"/>

Start Date: _____

Consent

Medical consent

If GP and/or hospital treatment is needed in an emergency and all contact numbers have been attempted without success, it may be necessary for a Burgh Wood Montessori Nursery School employee who is known to your child to either 1) administer medical treatment or 2) be taken to his/her GP or hospital in case of an emergency.

In any such event, copies of all medical forms, accident report forms or equivalent will be retained for your records. Further, Burgh Wood Montessori Nursery School will continue to attempt contact with the named contacts on this registration form until successful.

I consent to my child being given the necessary medical attention in my absence: **Yes / No**

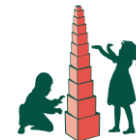
Using images of children consent

Burgh Wood Montessori Nursery School may take photographs and/or video recordings of your child. The images and/or recordings may be used on project display boards, for school conferences, monitoring a child's progress or another educational use.

To comply with the Data Protection Act 1998, Burgh Wood Montessori Nursery School requires your permission prior to taking photographs and/or video recordings of your child. Please consider the following questions and, if satisfied, confirm your consent where indicated.

1. We have your permission to use your child's photograph for our project display boards?
2. We may use your child's images for school conferences in PowerPoint presentations?
3. We may record your child's image on video during an event e.g., nativity play or outing?
4. We may use your child's image for their learning profile?
5. We may invite an official photographer to take individual or group portraits/photographs of children.

I consent to my child's image being used for the aforementioned purposes: **Yes / No**



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Registration

Registration fees

To register your child at Burgh Wood Montessori Nursery School please complete this form and either 1) print and sign or 2) email and return to Joanne Stewart-Nash, Principal, Burgh Wood Montessori Nursery School.

A £50 non-refundable deposit is payable upon registration which includes a Burgh Wood Montessori Nursery School polo shirt/sweatshirt. Your deposit will be credited to your first term's fees and can be paid by bank transfer or cheque.

Account Name: Burgh Wood Montessori Nursery School

Bank: HSBC

Sort Code: 40-19-22

Account: 21611178

Cheques should be made payable to Burgh Wood Montessori School.

1. Fees are payable in advance, and no later than the first day of each term unless otherwise specified.
2. In the event of late payment, we reserve the right to charge interest on outstanding fees at 2.5% per month.
3. A full term's notice in writing must be sent to the Principal prior to the withdrawal of a pupil. Failure to give such notice will require payment of one term's fees.

Free entitlement sessions

Free Early Education for Two year olds ("FEET") is available for some two year olds. FEET offers eligible families up to [15 hours of free early education](#) and childcare a week for 38 weeks a year.

All three and four year olds are entitled up to [15 hours of free childcare](#) and early education a week for up to 38 weeks a year.

I will be claiming free entitlement sessions: **Yes / No**

Other useful information

Please indicate where you found out about us: _____

Declaration

I declare that the information included in this registration form is accurate, and that I will inform Burgh Wood Montessori Nursery School of any changes to the primary and secondary contact names and/or details included in this registration form.

I have read and agree to the Burgh Wood Montessori Nursery School terms and conditions.

Parent/Carer Name: _____

Parent/Carer Signature: _____

Date: _____