

**St Mary's Summerstown Nursery School
Registration form**

Name of child:	Name by which your child is known:
Date of birth:	Age:
Name of Parent/Guardian 1	Name of Parent/Guardian 2
Date of birth	Date of birth
Parent 1 National Insurance Number	Parent 2 National Insurance Number
Parents occupations:	Name of health visitor:
	Phone number of health visitor:
Home address:	Home phone number:
	Mobile number:
	Work number:
Childs birth order in family:	Pets:
Allergies:	Special requirements:
How did you hear about us:	Did you find your visit informative?
Requested starting date:	Name of next school / leaving date:

Notes

- a) **Early registration is recommended. Registrations will be considered in the order they are received. The offer of a place is subject to availability. Two signatures to the registration form are required.**
- b) **Before signing please make sure you have read the schools terms and conditions. Then return this form with the registration fee of £120 to the School:**
*St Mary's Summerstown Montessori Nursery School
 46 Wimbledon Road, London SW17 0UQ
 Tel: 020 8947 7359*

DECLARATION

We have read and understood and agree the Nursery School's Terms and conditions. We understand that these will change from time to time as circumstances require. We request the offer of a place.

Parent 1 signature..... Parent 2 signature.....

Name in full..... Name in full.....

Date Date