

REGISTRATION FORM

Name of Child..... Male/Female.....

Address

Telephone Number..... Mobile Date of Birth.....

Email.....

Name of Mother/Guardian* Occupation
Mrs/Miss/Ms/other

Name of Father/Guardian* Occupation
Mr/other

Term in which you wish your child to start:

Autumn (September)	
Spring (January)	
Summer (April)	

Year	
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Name and telephone number of child's doctor.....

Alternative contact name and number in case of emergency

Which school do you expect your child to go on to?

Expected date of departure

Religious information/requirements

Is there any medical information you feel we should have (allergies etc.)?

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If you would like to register your child as a pupil please return this form with the registration fee. I will then write to you confirming that there will be a place for your child.

Three terms before your child is due to start you will be asked to confirm that you wish to take up the place and asked for a deposit which is refundable from the last term's fees or fees in lieu of notice.

It is understood that you agree to give a full term's notice in writing when your child leaves or if your child does not take up his/her place, or to pay one term's fees in lieu of such notice.

Please give details of all immunisations overleaf.

I accept the terms stated above and agree to abide by them.	
Signature of Parent/Guardian	Date
I enclose the registration fee of £50	Cheques should be made payable to 'Beanstalk Montessori Nursery School Ltd' and sent to: 159 St Elmo Road, London W12 9DY. Tel No: 0208 743 1895 Mobile No: 07817 401085