



**Registration Form**

Proposed Albany  
Commencement date:

\_\_\_\_\_

**Basic details**

Name of child

Date of  
birth

\_\_\_\_\_

\_\_\_\_\_

Name known as

Gender (male or female)

\_\_\_\_\_

\_\_\_\_\_

Name of parent(s) with whom the child lives

1

\_\_\_\_\_

Does this parent have parental responsibility? Yes/No (delete)

2

\_\_\_\_\_

Does this parent have parental responsibility? Yes/No (delete)

Address

\_\_\_\_\_

Email 1:

Email 2:

Telephone

Mobile 1:

Mobile 2:

\_\_\_\_\_

Name of parent with whom the child does not live

\_\_\_\_\_

Does this parent have parental responsibility? Yes/No (delete)

Address

\_\_\_\_\_

Email

\_\_\_\_\_

Telephone

Mobile

\_\_\_\_\_

\_\_\_\_\_

Does this parent have legal access to the child? Yes/No (delete)

Is there anyone who does not have legal access to your child?

\_\_\_\_\_



**Emergency contact details**

Parent 1 - Work/daytime contact number \_\_\_\_\_

Place of Work and Phone Number \_\_\_\_\_

Parent 2 - Work/daytime contact number \_\_\_\_\_

Place of Work and Phone Number \_\_\_\_\_

Main Switchboard Number \_\_\_\_\_

Any other emergency contact numbers \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**Persons authorised to collect the child (must be over 16 years of age)**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone no's: \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone no's: \_\_\_\_\_

When calling the school to pass on specific instructions, such as someone who would not normally collect your child, or other confidential information which would require safeguarding practices to be applied, we require you to quote a unique password. Please tell us what your password will be:

\_\_\_\_\_

**Personal details of child**

**Medical Information**

GPs Name	_____	Telephone	_____
Address	_____		
Name	_____	Relationship to child	_____
Telephone	_____	Mobile	_____

Allergies <i>Please supply photo – see medical form.</i>	
Immunisations	

Does your child have any special dietary needs or preferences? Yes/No (delete)

What is the main religion in your family? \_\_\_\_\_

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

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What language(s) is/ are spoken at home \_\_\_\_\_

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No (delete)

If so, discuss and agree with the key person how you will support your child when settling-in:

Does your child have any special needs or disabilities? Yes/No (delete)

Details \_\_\_\_\_

What special support will he/she require in our setting? Please use a separate page for more information if necessary.

What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.

**Proposed sessions (these cannot be guaranteed):**

Morning – 9:00am - 12:15pm	Monday/Tuesday/Wednesday/Thursday/Friday
Lunch – 12:00pm - 1:00pm (please provide a packed lunch)	Monday/Tuesday/Wednesday/Thursday/Friday
Afternoon 1:00pm - 3:15pm	Monday/Tuesday/Wednesday/Thursday/Friday
Full Day – 9:00am - 3:15pm	Monday/Tuesday/Wednesday/Thursday/Friday
Breakfast Club 7:30am - 9:00am	Monday/Tuesday/Wednesday/Thursday/Friday
Early Birds – 8:00am - 9:00am	Monday/Tuesday/Wednesday/Thursday/Friday
Short Extended Session – 3:15pm - 4:15pm	Monday/Tuesday/Wednesday/Thursday/Friday
Long Extended Session – 3:15pm- 5:15pm	Monday/Tuesday/Wednesday/Thursday/Friday



Future School: \_\_\_\_\_

Proposed Commencement Date: \_\_\_\_\_

**REGISTRATION**

We/I wish to apply for the admission of my/our child to Albany Montessori School.

We/I have received, read, signed and returned Albany Montessori's Terms and Conditions and agree to comply with them.

Enclosed is a **non-refundable registration fee of £50.00** made payable to Albany Montessori School. (Siblings registered free of charge).

Signed By	_____	Name (please print)	_____
Relationship to child	_____	Child's Name	_____
Date	_____		

<b>CHECKLIST</b>	
Completed Registration Form	<input type="checkbox"/>
Signed Terms & Conditions	<input type="checkbox"/>
Completed Medical Form <small>(If your child is due to start within 1 term, otherwise we will request this nearer to your child's start date.)</small>	<input type="checkbox"/>
Registration Fee	<input type="checkbox"/>

Bank Details:  
Good Way to Spend the Day Ltd  
A/C 68492168  
S/C 08-92-50  
Ref: Reg (Child's Name)