



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?

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 £75.00** made payable to Albany Montessori School. (Siblings registered free of charge).

Signed By _____

Name (please print) _____

Relationship to
child _____

Child's Name _____

Date _____

CHECKLIST

Completed Registration Form

Signed Terms & Conditions

Completed Medical Form

(If your child is due to start within 1 term,
otherwise we will request this nearer to your child's
start date.)

Registration Fee

Bank Details:

Good Way to Spend the Day Ltd

A/C 15680798

S/C 60-83-71

Ref: Reg (Child's Name)