



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:
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Telephone _____ Mobile _____

Name of parent with whom the child does not live

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

Address _____

_____	Email
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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-12:50pm/1:00pm (please provide a packed lunch)	Monday/Tuesday/Wednesday/Thursday/Friday
Morning 2 yrs old – 9:00am-12:00pm	Monday/Tuesday/Wednesday/Thursday/Friday
Lunch – 12:00pm-1:00pm 2 yrs old (subject to availability)	Monday/Tuesday/Wednesday/Thursday/Friday
Afternoon 2 yrs old – 1:00pm-3:15pm	Monday/Tuesday/Wednesday/Thursday/Friday
Afternoon 3+ yrs old – 12:00pm-3:15pm (incl. lunch – please provide packed lunch)	Monday/Tuesday/Wednesday/Thursday/Friday
Full Day – 9:00am-3:15pm	Monday/Tuesday/Wednesday/Thursday/Friday
Early Birds – 8:30am-9:00am	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 £30.00** 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	<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"/>