

Cedrus House • 156 Horton Road • Datchet SL3 9HJ

Website: www.minimunchkinsmontessori.co.uk; Email: admin@minimunchkinsmontessori.co.uk; Tel: 01753 773724

## **Enrolment Form**

# Personal Information about the Child:

Forename	Surname			
Middle name(s) if any:		Sex: 🛛 Male	🗆 Female	
Date of Birth:	Nationality:			
Address:				
		Postcode:		
Position in the family (eg 2 <sup>nd</sup> child)	Age of oth	ner children:		
Child's First spoken/written language	:,	Any other language		

If English is not child's first language, will this be child's first experience of being in an English speaking environment? **Yes No** 

### Parent/Guardian Details:

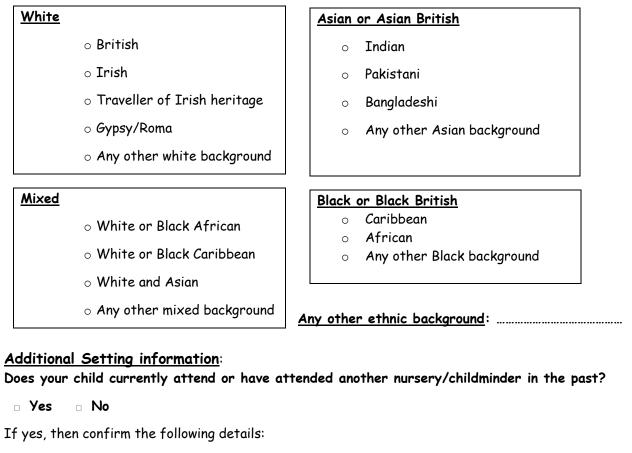
Parent / Guardian Details (1)	Parent / Guardian Details (2)	
Forenames (Mr/Mrs./Miss/Ms)	Forenames (Mr/Mrs./Miss/Ms)	
Surname	Surname	
Address (if different from above)	Address (if different from above)	
Postcode	Postcode	
Home tel. no.	Home tel. no.	
Office tel no.	Office tel no.	
Mobile:	Mobile:	
Email address (please write clearly)	Email address (please write clearly)	
Does this parent have parental responsibility?	Does this parent have parental responsibility?	
Does this parent have legal access to the child?	Does this parent have legal access to the child?	
□ Yes □ No	yes □ No	
Relationship to the above child	Relationship to the above child	
Occupation	Occupation	

<u>Main Religion:</u>

 Catholic
 Islam
 Sikhism
 Buddhist
 Atheist

 Christian
 Hindu
 Jew
 Druze
 Do not wish to disclose

### Ethnic Origin:



Provider's name:		Contact Name:	
Address:			
Postcode:			
Schedule at additional setting:			

Where did you hear about Mini Munchkins Montessori? Eg: website, local council, family or friend.

Enrolment: I apply to enrol my child starting from: \_\_\_\_\_ (DD/MM/YYYY)

Kindly put a "tick" against your preferred sessions in the table below. We stipulate that your child attends the nursery for at least 25 hours per week to gain full benefits of Montessori and Early Years curriculum.

Day of the Week	Full Day 8 am - 6pm	Morning session only 8am – 1pm	Afternoon session only 1pm – 6pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

#### About your child:

Record of immuniso Polio BCG	tion: DiphtheriaWhooping Cough
Name & Address of	the child's doctor:
Postcode	Tel No:
Does your child suf	fer from any known medical conditions or allergies, or have any special
dietary needs or pi	eferences? If yes, please give details:
Does your child hav	e any special needs or disabilities we need to be aware of? Any information
you provide will be i	the best interest of your child's developmental needs. If yes, please provide
	rt will he/she require in our setting?

<u>Emergency treatment</u>: I give my consent for the nursery to administer first aid to my child and in the event of an accident for the nursery's manager/deputy manager to seek emergency hospital care and treatment. I will give my written consent regarding any medication provided by me for my child that is to be administered during nursery hours.

<u>Fees:</u> I understand that fees are payable one month in advance, on the first day of each calendar month. All overdue fees will be subject to a late payment surcharge of £5.00 per day from the 8<sup>th</sup> day of the month including weekends and bank holidays.

Written notice of withdrawal: I understand that I will need to provide the nursery with a written notice of withdrawal at least four weeks in advance should I wish to withdraw my child from the nursery. I am aware that failure to do so will result in the loss of my Deposit and I will be liable to pay one full month's fee in lieu of notice.

Parents/carers filling this form must read, understand and agree to the terms and conditions of "Child Admission Agreement" and our "Privacy Notice" available on our website, <u>www.minimunchkinsmontessori.co.uk</u> (both links are available at the bottom of home page) before signing this form. Kindly return this form with the non-refundable fee of <u>£65.00</u> paid in cash or via direct transfer to the nursery's bank account: HSBC Bank; Sort code: 40 47 02; Account No.: 31613081. Kindly put your child's name as reference.

Please confirm your acceptance of the above terms by signing this form. You <u>must</u> keep a photocopy of the signed form.

Parent 1: Name:	Signature:	Date:		
Parent 2: Name:	Signature:	Date:		
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	Datchet LMM Ltd.			

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