



Cedrus House • 37 Gresham Road • Hounslow TW3 4BX

Website: www.littlemunchkinsmontessori.co.uk; Email: admin@littlemunchkinsmontessori.co.uk; Tel: 02082302818

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 2nd child) _____ Age of other 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. Office tel no. Mobile:	Home tel. no. Office tel no. Mobile:
Email address (please write clearly)	Email address (please write clearly)
Does this parent have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this parent have legal access to the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this parent have parental responsibility? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this parent have legal access to the child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to the above child	Relationship to the above child
Occupation	Occupation

Main Religion:

<input type="checkbox"/> Catholic	<input type="checkbox"/> Islam	<input type="checkbox"/> Sikhism	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Atheist
<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jew	<input type="checkbox"/> Druze	<input type="checkbox"/> Do not wish to disclose

Ethnic Origin:

White

- British
- Irish
- Traveller of Irish heritage
- Gypsy/Roma
- Any other white background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Mixed

- White or Black African
- White or Black Caribbean
- White and Asian
- Any other mixed background

Black or Black British

- Caribbean
- African
- Any other Black background

Any other ethnic background:

Additional Setting information:

Does your child currently attend or have attended another nursery/preschool/childminder in the past?: Yes No

If yes, then confirm the following details:

Provider's name: _____ Contact Name: _____

Address: _____

Postcode: _____ Tel. No. _____

Schedule at additional setting: _____

Where did you hear about Little Munchkins Montessori? Eg: website, local council, family & friends.

.....

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 5 sessions or a minimum of 3 sessions, am or pm to gain full benefits of Montessori and early years curriculum.

For availability of free entitlement places of 15 hours per week please speak to the manager.

Day of the Week	Full Day 8 am - 6pm (includes hot lunch)	Morning session only 8am - 1pm (includes hot lunch)	Afternoon session only 1pm - 6pm (includes light tea)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

About your child:

Record of immunisation: Diphtheria..... Tetanus.....MMR.....Whooping Cough
Polio BCG

Name & Address of the child's doctor: _____

Postcode _____ Tel No: _____

Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? If yes, please give details: _____

Does your child have any special needs or disabilities we need to be aware of? Any information you provide will be in the best interest of your child's developmental needs. If yes, please provide details: _____

What special support will he/she require in our setting? _____

Emergency treatment: I give my consent for the school 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 at the school.

Fees: 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 at £35.00 from the 8th day of the month.

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, www.littlemunchkinsmontessori.co.uk (under section "Contact us") before signing this form. Kindly return this form with the non refundable fee of £50.00 in cash given by hand at the nursery or make a direct transfer to the nursery's bank account: HSBC Bank; Sort code: 40 45 08; Account No.: 32478951

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

Parent 1: Name: _____ Signature: _____ Date: _____

Parent 2: Name: _____ Signature: _____ Date: _____