

REGISTRATION FORM

Child's Name:		(known as)
Date of Birth:		
Nationality:		
Language spoken at		
home:		
Desired term entry:	Number of	
	days required:	
Mother's details		
Name:		
Address:		
Email address:		
Home tel:		
Mobile:		
Occupation:	Work tel:	
Father's details		
Name:		
Address:		
(if different)		
Email address:		
Home tel:		
Mobile:		
Occupation:	Work tel:	
Doctors Details		
Name:		
Address:		
Medical Information		
Record of		
Immunisation		
Allergies:		
Any food your child		
must not eat:		
Emergency Contact:		
Name	Tel:	
Address:		
Relationship to child		
Details of previous		
nursery/ childminders		
How did you hear		
about us?		

The registration fee of £50 must be sent with this registration form. A deposit of £150 will be required on completion of an acceptance form (this amount will be returned at the end of final term providing not less than a terms notice is given.)

I understand that the fees are payable on or before the first day of term and that a terms notice in writing is required for the withdrawal of a child, failing which I will be responsible for a terms fees.

signature: x Date: x



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