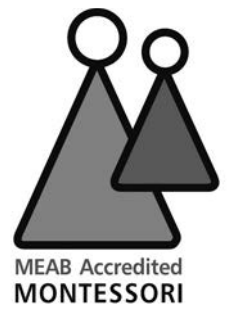




Nursery Toddler/ Pre-School Registration Form



Child's Details

Child's first name(s): _____ Child's surname: _____
 Name known as: _____ Date of birth: _____
 Gender: Male Female _____ Ethnicity or Cultural background: _____
 Languages spoken: _____ Religion: _____

Parent or Carer Details

Which of the Parents/Carers does the child normally live with? _____

Parent or Carer - 1

First name(s): _____ Surname: _____
 Relationship to child: _____ D.O.B: _____ NI No: _____
 Home address: _____ Occupation: _____
 _____ Work address: _____
 _____ post code _____ post code
 Home telephone number: _____ Work telephone number: _____
 Mobile number: _____ Work email address: _____
 Home email address: _____
 Does this person have legal 'parental responsibility' for the child? Yes No

Parent or Carer - 2

First name(s): _____ Surname: _____
 Relationship to child: _____ D.O.B: _____ NI No: _____
 Home address: _____ Occupation: _____
 _____ Work address: _____
 _____ post code _____ post code
 Home telephone number: _____ Work telephone number: _____
 Mobile number: _____ Work email address: _____
 Home email address: _____
 Does this person have legal 'parental responsibility' for the child?: Yes No

Is there anybody else who has legal contact with your child?

Yes No If yes please give details: _____

Please note: for security purposes a passport size photograph of your child is required on admission and a copy of child's birth certificate is to be seen.

I wish to apply for admission for the following days:

Start Date <small>please tick</small>	School Day	Full Day	Morning	Afternoon	Early Shake	Late Shake	Lunch
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I enclose my Registration fee and Administration charge of: **£475.00**
 £400.00 refundable deposit and £75.00 non refundable registration fee.
 I hereby agree to the Terms & Conditions of Milkshake Montessori School.

Please print name _____

Signed _____ Date _____
 Please make your cheque payable to **Milkshake Montessori School Ltd**
 and return to: **131 Warren Road Whitton Middlesex TW2 7DJ**