

# **REGISTRATION FORM**

## CHILD

Surname:								
First Names:	Preferred Nar	ne:			Ger	nder:		
Date of Birth	Day			Month			Year	
Proposed Nursery Start Date	Day			Month			Year	
Nationality:		•	Religious [	enominat	ion:		•	
Special Requirements (e.g. spee	ch therapist, Se	enco, Die	tary, Access)	):				
Illnesses or Allergies:								
Existing Medical Conditions:								
Distinguishing Marks: (e.g. birth marks, scares)								
Doctors Name:		Docto	ors Surgery A	Address:				
			Postco	de:		Telephor	ne:	
Social Worker Name and Contac	ct Number (if a	oplicable)	):					
Health Visitors Name:		Tel ,	/ Email:					
Has your child been immunized	against the foll	owing: p	lease mark v	with a (x)				
Tetanus Measles	Rube	ella	Mump	S				
Special Educational Needs:								
Is there anything else we should	be aware of:							
Name of Nursery Attended:								
Title and Name of Manager:								
Name of Key Person:			Are you h	nappy for t	hem 1	to share in	formation	on:
School or Nursery Address								
	<u> </u>					Postcode	<u>;</u> :	
Telephone Number:		Email Ad	dress:					
Who has Parental Responsibility Please mark with an (x)	,		Par	ent 1 ent 2 th Parents				

PARENT 1	
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Title		First Name		Surname
Home	Address			
			Postcode	
Home '	Telephone		Mobile Tel	lephone
Email A	Address		Work Telep	phone
Occupa	ation			
Busine	ss Address			
Car det	tails (make/model)			Registration

#### PARENT 2

Title		First Name		Surname	
Home	Address (if different	from above)			
			Postcode		
Home	Telephone		Mobile To	elephone	
Email A	Address		Work Tel	ephone	
Occupa	ation				
Busine	ess Address				
Car de	tails (make/model)			Registration	

If Parents have different addresses, Child resides mainly at:		Parent 1 Address		Parent 2 Address
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## **EMERGENCY CONTACTS**

(1) Full Name				Address				
,,							Post Code	
Home Telephon	e		Mobile			Work		•
Relationship to	child					•		
(2) Full Name		•		Address				
							Post Code	
Home Telephon	e		Mobile			Work		
Relationship to	child		-					
People authoris	ed to c	ollect Child				Passw	ord:	
Name		Relatio	nship to Chi	ld		Teleph	one	
Name		Relatio	nship to Chi	ld	·	Teleph	one	
Name		Relatio	nship to Chi	ld		Teleph	one	

## **SOURCE OF ENQUIRY**

Please tick any boxes as appropriate:

Siblings currently attending nursery		Personal recommendation		Website		
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	LANC	SUAGES SPOKEN					
Please tick the box the	at best	describes your child's e	ethnic origin:				
White	Bla	ck or Black British	Asian or Asia	an British	Mixed		
British		Caribbean	Indian		White & I	Black Caribbea	ın
Irish		African	Pakistar	ni	White & I	Black African	
European		Other Black	Banglad	eshi	White & /	Asian	
Other White Chinese						xed	
Prefer Not to Sa	ıy		Other A	sian			
Any other Ethnic Ba	ckgrou	nd (please specify):					
_		age spoken at home ages that are spoken					
1)		2)			3)		
						·	
Please Tick the rele	vant b	oxes to indicate the	sessions requ	ired Tuesday	Wednesday	Thursday	Eridov
				i iucsuav i	vveullesuav	ı ıııuısuav	ı rııuav
Full Day Sessions (	not eli	igible for funding)					Friday
8.00am – 6.00pm  Full Day Sessions v  Funding Stretched	with 1	5 hours Early Years	<del>  ·</del>	_			
8.00am - 6.00pm  Full Day Sessions v Funding Stretched 8.00am - 6.00pm  Full Day Sessions v Funding Stretched	with 15 and p	5 hours Early Years rivate hours O hours Early Years					
8.00am - 6.00pm  Full Day Sessions v Funding Stretched 8.00am - 6.00pm  Full Day Sessions v Funding Stretched 8.00am - 6.00pm  2 & 3+ Universal 1	with 15 and p with 30 and p	5 hours Early Years rivate hours  O hours Early Years rivate hours  rs funding Term					
8.00am – 6.00pm  Full Day Sessions v Funding Stretched 8.00am – 6.00pm  Full Day Sessions v Funding Stretched 8.00am – 6.00pm  2 & 3+ Universal 1 Time Only 3 days ( 30 hours funding 3	with 19 with 30 and p	5 hours Early Years rivate hours  O hours Early Years rivate hours  rs funding Term m — 2.00pm					
8.00am - 6.00pm  Full Day Sessions v Funding Stretched 8.00am - 6.00pm  Full Day Sessions v Funding Stretched 8.00am - 6.00pm  2 & 3+ Universal 1 Time Only 3 days (	with 15 and p with 30 and p 5 hour (9.00ar 3 days	5 hours Early Years rivate hours  O hours Early Years rivate hours  rs funding Term m — 2.00pm stretched					
8.00am – 6.00pm  Full Day Sessions v Funding Stretched 8.00am – 6.00pm  Full Day Sessions v Funding Stretched 8.00am – 6.00pm  2 & 3+ Universal 1 Time Only 3 days ( 30 hours funding 3 8.30am-3.30pm	with 19 with 30 and p 5 hour (9.00ar 3 days	5 hours Early Years rivate hours  O hours Early Years rivate hours  rs funding Term m - 2.00pm stretched  me Only 3 days					

Have you visited our Nursery:	Yes	No		Please tick		
EARLY YEARS FUNDING APPL	ICATION					
We confirm that we have compled the confirm that we have compled to the funding requested the configuration of the		ocal autho Yes 🗆 No	-	unding application	form and confirm t	hat we are
We are eligible for 30 hours wor We are eligible for 15 hours univ We have received our 30 hours	ersal fund	ding (3yea	rs)	Yes □ No Yes □ No code Yes □ No		
If YES, our eligibility code is						
IMPORTANT - If you have not pr set out by the government, the the funding deadline you will be delay of a term or up to 4 montl	local author unable to	ority are uo claim the	ınable fundi	to provide early yo	ears funding. If you	have missed
PRIVACY NOTICE  We take your privacy seriously and care to your child. From time to time share relevant news and send your us manage our nursery smoothly. A be accessed by authorised personned. The Famly app will be used to keep used to tailor support and plan for data is restricted and held in secure.	ne we will n nursery fee access to yo el. Persona records of your child's e data serve	need to con e invoices. our data is r al informati your child' s individual ers in the E	tact yo We wil estrict on will s learn learnir EC.	ou, by phone and em I input your data into ed. Your data is held not be shared with ing, development ar ng and provide you v	ail to provide you wit o a system called Fam in secure data centre any third parties. d care routines. The with regular feedback	th updates, ally which helps es and can only data will be . Access to your
Ticking this box confirms you ho contact you regarding relevant		ina unaer.	stooa	tne above stateme	ent ana gives us col	nsent to
I/we agree $\;\Box$						
DECLARATION  To the Nursery Manager/Directors	Cambrida	o Montoss	ori 72:	a Tanisan Paad Cam	oridgo CP1 2DG:	
I / We request that		e Wortess		Temson Road, cam	onage CDI 2DG.	(child's name)
be registered for admission to the (	 Cambridge	Montessor	i Nurse	ery School, 73a Tenis	on Road, Cambridge	 CB1 2DG.
I / We enclose the non-returnable conform to all the rules and regula when they become due.						
I / we understand that 2 months' that in lieu thereof 2 month's fees for the outstanding amounts due to	will be pa	yable. Whe				-
The signing of this contract confine Conditions herein, including all con					greement and accep	ot all Terms and
Print Name (1)						

Date

Mother's signature (1)

Print Name (2)		
Father's signature (2)	Date	/ /

#### **Please Return To:**

Cambridge Montessori 73a Tenison Road Cambridge, CB1 2DG

Tel: 01223 352472

Email: <u>admissions@montessoricambridge.co.uk</u>
Web: <u>www.montessoricambridge.co.uk</u>

Preferred Payment Method: Online Transfer Payment

Cambridge Montessori Ltd

Barclays Bank plc Sort Code: 201735

Account Number: 93549380

IBAN: GB45 BARC/2017 3593 5493 80

SWIFT (SWIFTBIC): BARCGB22

FOR OFFICE USE ONLY									
Sessions Confirmed:									
Registration Fee Paid: £			te Paid:						
Retainer Fee Amount: £			te Paid:						
Total Amount Refunded:	£	Da	Date Refunded:						
Nursery Start Date:		Co	nfirmed Y / N:						
Managers Signature:	Managers Signature:								
Integration Visit Dates	1st:		2 <sup>nd</sup> :	3 <sup>rd</sup> :	4 <sup>th</sup> :				

The information provided on this form will be recorded on the Nursery School's database and processed in accordance with our Data Protection Policy.