



REGISTRATION FORM

CHILD

Surname:							
First Names:		Preferred Name:			Gender:		
Date of Birth	Day		Month		Year		
Proposed Nursery Start Date	Day		Month		Year		
Nationality:			Religious Denomination:				
Special Requirements (e.g. speech therapist, Senco, Dietary, Access):							
Illnesses or Allergies:							
Existing Medical Conditions:							
Distinguishing Marks: (e.g. birth marks, scares)							
Doctors Name:			Doctors Surgery Address:				
			Postcode:		Telephone:		
Social Worker Name and Contact Number (if applicable):							
Health Visitors Name:			Tel / Email:				
Has your child been immunized against the following: <i>please mark with a (x)</i>							
Tetanus		Measles		Rubella		Mumps	
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 happy for them to share information:				
School or Nursery Address							
					Postcode:		
Telephone Number:			Email Address:				

Who has Parental Responsibility <i>Please mark with an (x)</i>	Parent 1	
	Parent 2	
	Both Parents	

PARENT 1

Title		First Name		Surname	
Home Address					
				Postcode	
Home Telephone			Mobile Telephone		
Email Address			Work Telephone		
Occupation					
Business Address					
Car details (make/model)				Registration	

PARENT 2

Title		First Name		Surname	
Home Address (if different from above)					
				Postcode	
Home Telephone			Mobile Telephone		
Email Address			Work Telephone		
Occupation					
Business Address					
Car details (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 Telephone			Mobile		Work		
Relationship to child							
(2) Full Name				Address			
						Post Code	
Home Telephone			Mobile		Work		
Relationship to child							
People authorised to collect Child						Password:	
Name		Relationship to Child			Telephone		
Name		Relationship to Child			Telephone		
Name		Relationship to Child			Telephone		

SOURCE OF ENQUIRY

Please tick any boxes as appropriate:

Siblings currently attending nursery		Personal recommendation		Website	
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Advertisement		Other (please specify)		
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ETHNIC ORIGIN & LANGUAGES SPOKEN

Please tick the box that best describes your child's ethnic origin:

White		Black or Black British		Asian or Asian British		Mixed
☐	British	☐	Caribbean	☐	Indian	☐ White & Black Caribbean
☐	Irish	☐	African	☐	Pakistani	☐ White & Black African
☐	European	☐	Other Black	☐	Bangladeshi	☐ White & Asian
☐	Other White	☐		☐	Chinese	☐ Other Mixed
☐	Prefer Not to Say	☐		☐	Other Asian	☐
Any other Ethnic Background (please specify):						

Is English the main language spoken at home by your child? Y/N

Please list any other languages that are spoken in order of preference.

1)	2)	3)
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SESSIONS

Please indicate your choice.

Please Tick the relevant boxes to indicate the sessions required

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day Sessions (not eligible for funding) 8.00am – 6.00pm	☐	☐	☐	☐	☐
Full Day Sessions with 15 hours Early Years Funding Stretched and private hours 8.00am – 6.00pm	☐	☐	☐	☐	☐
Full Day Sessions with 30 hours Early Years Funding Stretched and private hours 8.00am – 6.00pm	☐	☐	☐	☐	☐
2 & 3+ Universal 15 hours funding Term Time Only 3 days (9.00am – 2.00pm)	☐	☐	☐	☐	☐
30 hours funding 3 days stretched 8.30am-3.30pm	☐	☐	☐	☐	☐
30 hours funding Term time Only 3 days 8.00am – 6.00pm	☐	☐	☐	☐	☐
30 hours funding Term time Only 5 days 9.00am – 3.00pm	☐	☐	☐	☐	☐

*Funded Sessions

When your child reaches their third birthday, they are eligible to access up to 15 hours free entitlement per week which continues up until your child's leaves for school.

If your child is over 9 months and your eligible for 30 hours funding, we spread funding over three or more days per week. Nursery places are subject to availability and equality of access.

Proposed Nursery Start Date:	
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Have you visited our Nursery:	Yes ☐	No ☐	<i>Please tick</i>
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EARLY YEARS FUNDING APPLICATION

We confirm that we have completed the local authority funding application form and confirm that we are eligible for the funding requested. Yes ☐ No ☐

We are eligible for 30 hours working parents entitlement Yes ☐ No ☐

We are eligible for 15 hours universal funding (3years) Yes ☐ No ☐

We have received our 30 hours working parents eligibility code Yes ☐ No ☐

If YES, our eligibility code is.....

IMPORTANT - If you have not provided all the relevant information to the local authority before the deadline set out by the government, the local authority are unable to provide early years funding. If you have missed the funding deadline you will be unable to claim the funding from the local authority, which will result in a delay of a term or up to 4 months, and full session rates will apply.

PRIVACY NOTICE

We take your privacy seriously and will only use your personal information to manage your account and provide tailored care to your child. From time to time we will need to contact you, by phone and email to provide you with updates, share relevant news and send your nursery fee invoices. We will input your data into a system called Family which helps us manage our nursery smoothly. Access to your data is restricted. Your data is held in secure data centres and can only be accessed by authorised personnel. Personal information will not be shared with any third parties.

The Family app will be used to keep records of your child's learning, development and care routines. The data will be used to tailor support and plan for your child's individual learning and provide you with regular feedback. Access to your data is restricted and held in secure data servers in the EEC.

Ticking this box confirms you have read and understood the above statement and gives us consent to contact you regarding relevant matters.

I/we agree ☐

DECLARATION

To the Nursery Manager/Directors, Cambridge Montessori, 73a Tenison Road, Cambridge CB1 2DG:

I / We request that	(child's name)
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be registered for admission to the Cambridge Montessori Nursery School, 73a Tenison Road, Cambridge CB1 2DG.

I / We enclose the non-returnable Registration Fee of £100, in the event of his / her admission. I / we undertake to conform to all the rules and regulations in force from time to time and to be responsible for the payment of accounts when they become due.

I / we understand that 2 months' notice must be given before the child stated above is withdrawn from the nursery or that in lieu thereof 2 month's fees will be payable. Where there are joint signatures, joint and several liability will exist for the outstanding amounts due to the School.

The signing of this contract confirms that I/we have read and understand this agreement and accept all Terms and Conditions herein, including all company policies and procedures referred to.

Print Name (1)		
Mother's signature (1)		Date / /

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

Please Return To:

Cambridge Montessori
 73a Tenison Road
 Cambridge,
 CB1 2DG
 Tel: 01223 352472
 Email: admissions@montessoricambridge.co.uk
 Web: www.montessoricambridge.co.uk

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: £		Date Paid:		
Retainer Fee Amount: £		Date Paid:		
Total Amount Refunded: £		Date Refunded:		
Nursery Start Date:		Confirmed Y / N:		
Managers Signature:				
Integration Visit Dates	1st:	2 nd :	3 rd :	4 th :

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