

CHILD'S DETAILS

Surname				First name(s)		
Known as				Date of birth		
First language				Other language(s)		
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Religion	
Home address (including postcode)						

PARENT/CARER 1

Relationship to child		Does this person have parental responsibility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Surname			First name			
Home address (if different from above)						
Mobile tel no			Home tel no			
Occupation			Work tel no			
Email address						

PARENT/CARER 2

Relationship to child		Does this person have parental responsibility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Surname			First name			
Home address (if different from above)						
Mobile tel no			Home tel no			
Occupation			Work tel no			
Email address						

CHILD'S MEDICAL HISTORY

Please state any medical history that you feel the pre-school should be aware of:

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CHILD'S ADDITIONAL NEEDS OR DISCLOSURES

Does your child have any areas of concern which you would like to discuss with our Special Needs and Disability Coordinator?

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OTHER PROVISIONS

Does your child attend another childcare setting or have a childminder?	Name			
	Telephone Number			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Email address		

EYPP (Early Years Pupil Premium)

EYPP is additional funding that can be claimed to support children in their learning and development. The pre-school may be eligible to claim this if you are in receipt of certain government benefits.

Would you like to be sent the EYPP Voluntary Registration form in order for us to check your eligibility?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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For office use only:

Email confirmation sent	<input type="checkbox"/>	T&Cs signed/received	<input type="checkbox"/>
SAGE updated	<input type="checkbox"/>	Copy sent to pre-school	<input type="checkbox"/>
Admission fee received/method/amount	<input type="checkbox"/>	Healthcare/ SEND	<input type="checkbox"/>
		Settling in letter sent	<input type="checkbox"/>

FEES AND BOOKING PATTERNS

We require children to attend a minimum of 2 sessions per week. Early Education Entitlement Funding can be used across all sessions but it does not cover Extra Service Charge. Please refer to the Parent Contract & Terms and Conditions for a detailed outline of fees, invoicing and payment conditions. Session allocations are subject to confirmation nearer to the child's start date.

Preferred start date: Age at Preferred Start Date

PREFERRED SESSIONS (Please mark with a cross)	Monday	Tuesday	Wednesday	Thursday	Friday
8.45am – 12.45pm					
12.45pm – 3.45pm					

FULLY FUNDED PLACES - subject to availability

If you feel you would be unable to afford the Extra Service Charge, you may be able to access a fully funded place. These are allocated on a first-come first served basis. If you would like to be considered for this, please mark this box with a cross and we will contact you about availability.

CHILD'S ETHNICITY (Please mark with a cross)

<input type="checkbox"/> I do not wish an ethnic background to be recorded	<input type="checkbox"/> Asian
<input type="checkbox"/> White	<input type="checkbox"/> Indian
<input type="checkbox"/> British	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Irish	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Traveller of Irish Heritage	<input type="checkbox"/> Nepali
<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> African Asian
<input type="checkbox"/> Albanian (ex Kosovan)	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Italian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Kosovan	<input type="checkbox"/> Thai
<input type="checkbox"/> Greek/Greek Cypriot	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Turkish/Turkish Cypriot	<input type="checkbox"/> Other Asian background
<input type="checkbox"/> White Eastern European	<input type="checkbox"/> Black or Black British
<input type="checkbox"/> White Western European	<input type="checkbox"/> Caribbean
<input type="checkbox"/> White other (other white background not shown above)	<input type="checkbox"/> Nigerian
<input type="checkbox"/> Mixed/Dual Background	<input type="checkbox"/> Other Black African
<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Any other Black background
<input type="checkbox"/> White and Black African	<input type="checkbox"/> Any Other Ethnic Background
<input type="checkbox"/> White and Asian	<input type="checkbox"/> Afghanistani
<input type="checkbox"/> White and any other ethnic group	<input type="checkbox"/> Filipino
<input type="checkbox"/> Other mixed background	<input type="checkbox"/> Any other ethnic group

DECLARATION

I/We understand the terms and conditions of the Parent Contract & Terms and Conditions and accept and agree to abide by them. I/We understand that the Pre-school reserves the right to amend the Parent Contract & Terms and Conditions from time to time and that I/We will be given reasonable notice of any such amendment.

I/We understand that if I/We wish to remove my child from the Pre-school that I/We must give a term's notice in writing, to Play to Learn Head Office, to terminate this contract otherwise I/We will be liable to pay 6 weeks' fees in lieu of notice.

PARENT/CARER 1		PARENT/CARER 2	
Print Name	<input type="text"/>	Print Name	<input type="text"/>
Sign	<input type="text"/>	Sign	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

Please complete and return this form to: office@mymontessori.org.uk. Alternatively, you may post it to:
 Flitch Green Montessori, c/o Play to Learn Limited, Spriggs Yard, Thaxted Road, Little Sampford,
 Saffron Walden, CB10 2SA.

Upon receipt of this document, we will send you a request via email for payment of the admission fee (£60), after receipt of which, your child's name will be added to the admission list.