

The Montessori Children's House, St Andrews – Registration Form

Please print this form, fill it in, and sign it.

Contact details

Child's name:

Child's date of birth:

Parent/carer's name:

Home Address:

Post code:

Telephone number:

Mobile phone number(s):

Email:

Contact number during school hours:

Emergency contact name, address, telephone number(s):

Names of those who are authorized to collect your child from school:

Days attending

Please indicate whether you wish your child to start on 3, 4, or 5 mornings and number of afternoon sessions, if any.

Please indicate whether you wish your child to come for half mornings or full mornings

Health Details

Child's doctor:

Tel:

Health visitor:

Tel:

Health requirements:

Dietary requirements:

Allergies:

Additional support needs:

Vaccinations:

Other

Name and age of siblings:

Additional information (eg religious, cultural etc):

Other languages spoken at home:

Preferred start date:

Signature of Parent / Carer:

Date: