

Stepping Stones Montessori Nursery School

Enrolment Form

Name of Child.....
 Home Address (inc postcode)

 Telephone Email.....
 Child's date of birth
 Mother's name Mobile.....
 Work address.....
 Work telephone number
 Father's name Mobile
 Work address
 Work telephone number
 Emergency contact name and number
 (other than parents) relationship to child
 Emergency contact name and number
 (other than parents) relationship to child
 Doctor's address and telephone number

 Immunisations to date
 First language Religion (if applicable)
 Known allergies or special dietary requirements.....
 Details of any medical condition or special needs your child has

 Details of any regular medication your child is on.....
 Name of school your child is on the waiting list for.....
 Date of entry into Stepping Stones Montessori Nursery.....

Please indicate which sessions you require:

	8am- 6pm	9am - 4pm	8am - 12pm	9am - 12pm	1pm - 4 pm	1pm - 6pm	Extras: lunch etc
Mon							
Tues							
Wed							
Thur							
Fri							

continued/...

Payment of fees is due on the first of each month or term, please indicate method of payment:

Fees will be paid:	Fees will be paid by:
a. Monthly in advance	a. Standing order
b. Termly	b. Cheque
c. Half-termly	c. Childcare vouchers

Please sign the following if you wish to register your child at Stepping Stones and return both copies.

I /we understand and accept the terms of registration as laid out in the policy document and agree to be legally bound by the contents.

I /We give permission for my/our child to go on short walks within the local area e.g. to the library, West Park, etc.

I /We will be notified of any arranged outings where transport is involved.

I /We give permission for my/our child to be given emergency first aid and to be taken to hospital if deemed necessary.

I /We enclose the registration fee of £55 which is not refundable unless the nursery is unable to offer my/our child a place.

I /We give permission for my/our child to appear on photographs/videos which may be taken at Stepping Stones.

I /We certify that the details on this form are complete and accurate as of today's date and I /we will inform you in writing of any alterations or additions to the details provided.

Signed Date

Signed Date

Signed by Principal Date

Both parents should sign unless only one parent has legal custody, in which case please write 'sole responsibility' after your signature.

Each party will receive a copy of this agreement.