

Moseley Montessori Nursery

REGISTRATION FORM

Childs Full Name:Gender:

Date of Birth:Place of Birth:

Ethnic Origin:Childs First Language:

Religion:

Childs Home Address:

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Home Telephone No:

Mothers Full Name: Mobile No:

Mothers occupation, business address & telephone No:

.....

Fathers Full Name:Mobile No:

Fathers occupation, business address & telephone No:

.....

Does your child live with: (Please circle)

Both Parents

Mother

Father

Guardian

Who to contact other than Mother or Father in case of an emergency:

Name:Telephone No:

Name:Telephone No:

Name and contact number of the person who will collect the child daily:

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Childs Doctor:Telephone No:

Address:

.....

Previous Playgroup/Nursery if any:

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Details of any injections/immunisations already received by your child:

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Please give details of any allergies/health problems your child may have:

.....

Any past illness:

.....

Please let us know of any dietary requirements:

.....

.....

Additional Information:

Please use the space below to tell us anything else you feel we should know about your child. E.g. comfort toys, sleeping routine, likes and dislikes etc.

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Days of the week desired: (please circle)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Requested starting date:

.....

Email Address for Correspondences:.....

How did you find out about us?

Personal recommendation
 Sign/Banner
 Newspaper leaflet
 Other

Signed Parent/Guardian:Date:

A non-refundable Registration Fee of £50.00 should accompany this form.
Cheques made payable to Moseley Montessori Nursery

Return Address

Moseley Montessori, St. Columba, Chantry Road, Moseley, Birmingham B13 8DJ