

Ashely Cross Montessori

Chapel Road, Poole, BH14 0JU
Tel: 01202 735521

REGISTRATION FORM

Child's full name:	
Known as:	
Home Address:	
Post Code:	Date of Birth:
Parent/Carer names:	
Home address:	
Telephone numbers:	
Email -	
Emergency contact name:	
Contact telephone numbers:	
Emergency contact name:	
Contact telephone numbers:	
Name of Doctor:	
Surgery:	
Telephone number:	
Details of immunisations:	
List any allergies or medical conditions:	

Signed.....

Date.....

Are there any medical/personal details, which we need to be aware of to assist in the care of your child?

Religious beliefs:

Practising: YES / NO

Child's first language:

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Name of person(s) who can collect your child:

	Telephone:
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	Telephone:
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	Telephone:
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We must be informed if your child is to be collected by any other person than those named above.

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Please tick which sessions you would like your child to attend. (Minimum of 3 sessions)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM 8-12					
Lunch 12-1					
PM 1-5					

Preferred Start Date: / / 20

Please read the following information below and sign to confirm your agreement.

Igive permission for senior members of staff from the Shepherd Montessori Schools Ltd. to admit my child to hospital in the event of an emergency.

I give consent for my child to be taken on walks by the nursery staff. I also give consent for photos/ video footage to be taken of my child by nursery staff. The photos will be played back on a TV screen in reception at the end of every session to give a pictorial impression of the day. The photos may also be used for the news letter which is given to existing parents. Photos will be put on computer file for parents to see at any time and individual photos given back when their child leaves the Ashley Cross Montessori on a CD as a constant reminder of their time with us.

I understand that any carer who suspects that a child in his/her care may have been abused or neglected has a duty to report this to the relevant authorities.

I have read the prospectus and understood the conditions of Ashley Cross Montessori and agree to adhere to them.

Signed.....

Date.....