



Application for Enrolment

Full Name of Child: _____

Child's Name (if referred to by any other name) _____

Date of Birth: _____

Home Address: _____

Full Name of Mother: _____

Occupation: _____ Nationality: _____

Full Name of Father: _____

Occupation: _____ Nationality: _____

Telephone Number of Mother: _____ Home: _____

Work: _____ Mobile: _____

Email: _____

Telephone Number of Father: _____

Work: _____ Mobile: _____

Email: _____

Please supply 2 other names and numbers who you would like the school to contact in an emergency if we are unable to get hold of parents:

Name: _____ Home: _____ Mobile: _____

Name: _____ Home: _____ Mobile: _____

Name of Family Doctor: _____

Telephone number of family Doctor: _____

Work: _____ Mobile: _____

Name of any other Medical Practitioner involved in the care of your child:

Capacity: (eg: Speech therapist, etc) _____ Telephone: _____

Does your child have any food allergies? If yes, Please state all allergies and what the reaction is: _____

Has your child had any reaction to eating nuts or any severe sensitivity to the inhalation of nut odours? _____

Has your child ever been stung by a bee? If yes, what was the reaction? _____

(For safety reasons it is important to know this information as some children require immediate medical attention following bee stings or nut allergy reactions).

Siblings:

Full Name: _____ Date of Birth: _____

Full Name: _____ Date of Birth: _____

Full Name: _____ Date of Birth: _____

Cultural:

Languages spoken at home: Please be specific regarding all languages the child is exposed to including which parent/family member speaks which language:

Does your child have a clear or sufficient understanding of the English language to communicate needs? _____

Are there any particular activities that your child is not permitted to partake in or restrictions regarding food for cultural or religious reasons?

Eating Patterns:

Children's eating patterns vary. Please give a brief idea of meals they eat at home and times:

Breakfast: _____

Snacks: _____

Lunch: _____

Dinner: _____

We encourage drinking of water. What other liquids does your child have during the day? _____

Sleeping patterns:

Does your child sleep well at night? If not, please discuss. _____

Programme desired:

- Twinkles 3day/week programme (Mondays-Wednesdays-Fridays)
- Twinkles Full week programme
- Little Stars
- Full day programme

Afternoon Activities:

- | | | | | | | | | |
|---------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-------|--------------------------|
| 1x/week | Mon | <input type="checkbox"/> | Tue | <input type="checkbox"/> | Wed | <input type="checkbox"/> | Thurs | <input type="checkbox"/> |
| 2x/week | Mon | <input type="checkbox"/> | Tue | <input type="checkbox"/> | Wed | <input type="checkbox"/> | Thurs | <input type="checkbox"/> |
| 3x/week | Mon | <input type="checkbox"/> | Tue | <input type="checkbox"/> | Wed | <input type="checkbox"/> | Thurs | <input type="checkbox"/> |
| 4x/week | | <input type="checkbox"/> | | | | | | |

Thank you for your interest in Little Stars Montessori Nursery School. We look forward to the privilege of working with you and your child.

The above information is confidential and used only for placement of your child.

A non-refundable registration fee of £50 is charged to cover enrolment processing and orientation information.

There are three terms in the school year beginning January, April and September. Fees are payable in advance and a full terms notice must be given in writing otherwise a term's fees will be charged.

The signing of this application indicates that you have received, understand, and agree to comply with Little Stars Montessori School policies and procedures for enrolment.

Parent signature

Date
