



# BEANSTALK MONTESSORI REGISTRATION FORM

NAME OF CHILD..... MALE  FEMALE

ADDRESS ..... POST CODE.....

TELEPHONE NUMBER..... MOBILE..... D.O.B ...../...../.....

EMAIL.....

NAME OF MOTHER/GUARDIAN.....NAME OF FATHER/GUARDIAN.....  
(Mrs/Miss/Ms/Other) (Mr//Other)

TERM IN WHICH YOU WISH YOUR CHILD TO START:  
AUTUMN (SEPTEMBER)  SPRING (JANUARY)  SUMMER (APRIL)  YEAR.....

NAME AND TELEPHONE NUMBER OF CHILD'S DOCTOR.....

ALTERNATIVE CONTACT NAME AND NUMBER IN CASE OF EMERGENCY.....

RELIGIOUS INFORMATION / REQUIREMENTS.....

IS THERE ANY MEDICAL INFORMATION YOU FEEL WE SHOULD HAVE (ALLERGIES ETC).....  
.....

If you would like to register your child as a pupil please return this form with the registration fee. I will then write to you confirming that there will be a place for your child.  
Three terms before your child is due to start you will be asked to confirm that you wish to take up the place and asked for a deposit which is refundable from the last term's fees or fees in lieu of notice.  
It is understood that you agree to give a full term's notice in writing when your child leaves or if your child does not take up his/her place, or to pay one term's fees in lieu of such notice.

I accept the terms and agree to abide by them.

I enclose the registration fee of £50

Please make cheques payable to:  
**'Beanstalk Montessori Nursery School Ltd'**  
and send to:  
**159 St Elmo Road,  
London  
W12 9DY.**

Signature of Parent/Guardian

Date: