



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

Pay Direct to our Bank Account:
A/C: 413 47 064
Sort Code: 09 06 66

Signature of Parent/Guardian

Date: