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| **CHILD’S DETAILS** |
| Surname |  | First name(s) |  |
| Known as |  | Date of birth |  |
| First language |  | Other language(s) |  |
| Gender | Male  |  | Female |  | Religion |  |
| Home address (including postcode) |  |
| **PARENT/CARER 1** |
| Relationship to child |  | Does this person have parental responsibility? | Yes |  | No |  |
| Surname |  | First name |  |
| Home address (if different from above) |  |
| Mobile tel no |  | Home tel no |  |
| Occupation |  | Work tel no |  |
| Email address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PARENT/CARER 2** |
| Relationship to child |  | Does this person have parental responsibility? | Yes |  | No |  |
| Surname |  | First name |  |
| Home address(if different from above) |  |
| Mobile tel no |  | Home tel no |  |
| Occupation |  | Work tel no |  |
| Email address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CHILD’S MEDICAL HISTORY** |
| Please state any medical history that you feel the pre-school should be aware of: |
|  |
| **CHILD’S ADDITIONAL NEEDS OR DISCLOSURES** |
| Does your child have any areas of concern which you would like to discuss with our Special Needs and Disability Coordinator? |
|  |
| **OTHER PROVISIONS** |
| Does your child attend another childcare setting or have a childminder? | Name |  |
| Telephone Number |  |
| Yes |  | No |  | Email address |  |
| **EYPP (Early Years Pupil Premium)** |
| EYPP is additional funding that can be claimed to support children in their learning and development. The pre-school may be eligible to claim this if you are in receipt of certain government benefits.  |
| Would you like to be sent the EYPP Voluntary Registration form in order for us to check your eligibility?  | Yes |  | No |  |

*For office use only:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | T&Cs signed/received |  |
| Email confirmation sent |  |  | Copy sent to pre-school |  |
| SAGE updated |  |  | Healthcare/ SEND |  |
| Admission fee received/method/amount |  |  | Settling in letter sent |  |

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| **FEES AND BOOKING PATTERNS** |
| We require children to attend a minimum of 2 sessions per week. Early Education Entitlement Funding can be used across all sessions but morning/all day sessions are subject to an Extra Service Charge. Please refer to the Parent Contract & Terms and Conditions for a detailed outline of all fee structures, invoicing arrangements and payment conditions. Session allocations are subject to confirmation nearer to the child’s start date. |
| Preferred start date:  |  | Age at Preferred Start Date |  |
| **PREFERRED SESSIONS (Please mark with a cross)** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 8.45am – 12.45pm |  |  |  |  |  |
| 12.45pm – 3.45pm |  |  |  |  |  |
| **FULLY FUNDED CHILDREN ONLY – subject to availability** |
| 9.45am – 3.45pm (with 30 hour funding) |  |  |  |  |  |
| 12.45pm – 3.45pm (with 15 hour funding) |  |  |  |  |  |

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| **CHILD’S ETHNICITY (Please mark with a cross)** |
| **I do not wish an ethnic background to be recorded** |  | **Asian** |
| **White** | Indian |  |
| British |  | Pakistani |  |
| Irish |  | Bangladeshi |  |
| Traveller of Irish Heritage |  | Nepali |  |
| Gypsy/Roma |  | African Asian |  |
| Albanian (ex Kosovan) |  | Other Asian |  |
| Italian |  | Chinese |  |
| Kosovan  |  | Thai |  |
| Greek/Greek Cypriot |  | Vietnamese |  |
| Turkish/Turkish Cypriot  |  | Other Asian background |  |
| White Eastern European |  | **Black or Black British** |
| White Western European |  | Caribbean |  |
| White other (other white background not shown above) |  | Nigerian |  |
| **Mixed/Dual Background** | Other Black African |  |
| White and Black Caribbean |  | Any other Black background |  |
| White and Black African |  | **Any Other Ethnic Background** |
| White and Asian |  | Afghanistani |  |
| White and any other ethnic group |  | Filipino |  |
| Other mixed background |  | Any other ethnic group |  |

**DECLARATION**

**I/We understand the terms and conditions of the Parent Contract & Terms and Conditions and accept and agree to abide by them. I/We understand that the Pre-school reserves the right to amend the Parent Contract & Terms and Conditions from time to time and that I/We will be given reasonable notice of any such amendment.**

**I/We understand that if I/We wish to remove my child from the Pre-school that I/We must give a term’s notice in writing, to Play to Learn Head Office, to terminate this contract otherwise I/We will be liable to pay 6 weeks’ fees in lieu of notice.**

|  |  |
| --- | --- |
| **PARENT/CARER 1** | **PARENT/CARER 2** |
| **Print Name** |  | **Print Name** |  |
| **Sign** |  | **Sign** |  |
| **Date** |  | **Date** |  |

**Please complete and return this form to:** office@mymontessori.org.uk. Alternatively, you may post it to:

Flitch Green Montessori, c/o Play to Learn Limited, Spriggs Yard, Thaxted Road, Little Sampford,

Saffron Walden, CB10 2SA.

Upon receipt of this document, we will send you a request via email for payment of the admission fee (£60),

 after receipt of which, your child’s name will be added to the admission list.