

Moseley Montessori Nursery

REGISTRATION FORM

Childs Full Name: Gender:

Date of Birth: Place of Birth:

Ethnic Origin: Childs First Language:

Religion:

Childs Home Address:
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.....

Home Telephone No:

Mothers Full Name:

Fathers Full Name:

Mothers Mobile No: Fathers Mobile No:

Mothers occupation, business address & telephone No:

.....

Fathers occupation, business address & telephone No:
.....
.....

Does your child live with: (Please circle)

Both Parents *Mother* *Father* *Guardian*

Who to contact other than Mother or Father in case of an emergency:

Name:Telephone No:

Name:Telephone No:

Name and contact number of the person who will collect the child daily:
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Childs Doctor:Telephone No:

Address:
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.....

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Previous Playgroup/Nursery if any:

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Details of any injections/immunisations already received by your child:

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Please give details of any allergies/health problems your child may have:

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Any past illness:

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Please let us know of any dietary requirements:

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Additional Information:

Please use the space below to tell us anything else you feel we should know about your child. E.g. comfort toys, sleeping routine, likes and dislikes etc.

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Days of the week desired: (please circle)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Requested starting date:

How did you find out about us?

Personal recommendation
 Sign/Banner
 Newspaper leaflet
 Other

Signed Parent/Guardian: Date:

A non-refundable Registration Fee of £50.00 should accompany this form.
Cheques made payable to Miss V. Clarke

Return Address
Moseley Montessori, St. Columba, Chantry Road, Moseley, Birmingham B13 8DD