

# St. Patrick's Montessori Nursery School - Registration Form

Please complete both sides of this form using BLOCK CAPITALS  
and returning with a £30 registration fee



## Child's Details:

First Name:	<b>Sex:</b>	Male		Female	
Middle Name(s):	Date of Birth:				
Surname:	or				
Home Address:	Expected Delivery Date:				
	Religion:				
	Home Languages:				
Postcode:	Ethnicity:				
Home Tel No:					

Parent 1 Details:	Parent 2 Details:
Relationship to Child:	Relationship to Child:
Title: Mr / Mrs / Ms / Miss / Dr (please circle)	Title: Mr / Mrs / Ms / Miss / Dr (please circle)
First Name:	First Name:
Surname:	Surname:
Place of Work:	Place of Work:
Job Title:	Job Title:
Work Address:	Work Address:
Work Tel No:	Work Tel No:
Mobile Tel No:	Mobile Tel No:
E-mail:	E-mail:
Does this person have parental responsibility? Yes No (Please circle)	Does this person have parental responsibility? Yes No (Please circle)

## The date I/we would like my/our child to start is:

(settling in sessions commence two weeks before your start date)

Preferred Attendance Days: (please tick)	Mondays:	Tuesdays:	Wednesdays:	Thursdays:	Fridays:
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Please put a "X" in your preferred child's length of day:

Standard Day (9am - 5pm)		Extended Day (8am - 6pm)	
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Is there any flexibility with these dates or days? If so, what?

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<b>Doctor's Details:</b> Name:	<b>Health Visitor's Details:</b> Name:
Surgery Address:	Address:
Tel No:	Tel No:

**Child's Medical Details:**

**Has your child received these immunisations?**

	<u>(Delete where appropriate)</u>		<u>Date</u>
Diphtheria	yes	no	
Meningitis C	yes	no	
Hib	yes	no	
Poliomyelitis	yes	no	
MMR	yes	no	
Whooping Cough	yes	no	
Tetanus	yes	no	

**Any additional medical needs/allergies:**

**Any other information:**

(Please tell us anything else that you feel staff ought to know concerning your child.)

Please accept this application for admission to St Patrick's Nursery School.  
I/We enclose the registration fee which I/we understand is not refundable.  
I/We understand that registration and joining the waiting list does not guarantee a place in the Nursery.  
A full copy of the Terms and Conditions is available on request.

Signature of Parent(s):

Date:

Sign here:

Sign here:

**Return to: Lynnsey Fitzgerald, St. Patrick's Nursery School, 91 Cornwall Road, London, SE1 8TH**

*Cheques made payable to : Radius Education Services (or RES Ltd.).*

**For Bank Transfers:** Account Name: Radius Educational Services Ltd  
Account No: 11393715 Sort Code: 40-17-05 Reference: please use your child's name

**Office Use Only**

Showround Date:

Registration Fee : Cash Cheque BACS Card Date Payment Received:

E-mail Confirmation Sent: Yes No Date Sent:



*St. Patrick's Montessori Day Nursery*