

# 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:		
Postcode:	Religion:		
Home Tel No:	Home Languages:		
	Ethnicity:		

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?**

<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>Yes</u>	<u>No</u>	<u>Date</u>
8 weeks			
12 weeks			
16 weeks			
1 year			
Flu Vaccine			
4-in-1 pre-school booster			
Chickenpox Vaccine			

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

**or e-mail it to: [admin@stpatricksnursery.com](mailto:admin@stpatricksnursery.com)**

**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*