

REGISTRATION FORM

Please inform the Manager immediately if any details contained in this application form changes at any time in the future.

Details of the Child

Child's Name:
Date of Birth:
Address:
Post code:
Home Tel:
Sex F/M:
Religion:
Languages Spoken: (Please state your child's first language at home).
Country of Origin:

Contact Details

Mother's Name	Fathers Name
Address:	Address:
Occupation:	Occupation:
Home Tel:	Home Tel:
Mobile:	Mobile:
Work Tel:	Work Tel:
Work Address:	Work Address:
Email address:	
Is there any other person with parental responsibility for the child?	Please state:

Sessions Required (please tick)

Sessions	Hours	Monday	Tuesday	Wednesday	Thursday	Friday
Early Morning	7.30 – 8am					
Breakfast	8-9am					
Morning	9am-12pm					
Lunch	12-1pm					
Afternoon	1-4pm					
Tea	4-5pm					
Extended Afternoon	5-6pm					
Late Session	6 – 6.30pm					

Each child is required to attend for a minimum of 3 sessions a week.

Required date of commencement:.....

Expected leaving date if known:.....

How did you hear about us?.....

I enclose a non-returnable registration fee of £30

I enclose £50 non-refundable fees payable as a deposit to secure my child's place at Smiles. I understand that this will be deducted from my last month's fees.

Cheques made payable to "SMILES Montessori Pre-School".

I confirm that I have read all the information contained within SMILES Montessori Pre-School Prospectus and agree to be bound by all policies and procedures mentioned therein.

Signed..... Date.....

(Office Use Only)

Date form received.....

Payment enclosed Yes/NO