



Are there any medical/personal details, which we need to be aware of to assist in the care of your child?					
Religious beliefs:					
Practising: YES / NO					
Child's first language:					
Name of person(s) who can collect your child:					
Telephone:					
Telephone:					
Telephone:					
We must be informed if your child is to be collected by any other person than those named above.					
Please tick which sessions you would like your child to attend. We recommend a minimum of 3 sessions.					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM 8-12					
Lunch 12-1					
PM 1-5					

Preferred Start Date: / / 201_

Please read the following information below and sign to confirm your agreement.

Igive permission for senior members of staff from the Bay Tree Montessori to admit my child to hospital in the event of an emergency.

I give consent for my child to be taken on walks by the nursery staff. I also give consent for photos/ video footage to be taken of my child by nursery staff. The photos will be played back on a TV screen in reception at the end of every session to give a pictorial impression of the day. The photos may also be used for the Bay Tree News Letter which is given to existing parents. Photos will be put on computer file for parents to see at any time and individual photos given back when their child leaves the Bay Tree on a CD as a constant reminder of their time with us.

I understand that any carer who suspects that a child in his/her care may have been abused or neglected has a duty to report this to the relevant authorities.
I have read the prospectus and understood the conditions of Bay Tree Montessori and agree to adhere to them.

I agree to pay nursery fees by the first of the month for that month and agree to give four weeks written notice if I decide to change my sessions or withdraw my child.

Signed Parent/Carer:

Date:



Bay Tree Montessori

REGISTRATION FORM

Child's full name:	
Known as:	
Home Address:	
Post Code:	Date of Birth:
Parent/Carer names:	
Home address:	
Telephone numbers:	
Email -	
Emergency contact name:	
Contact telephone numbers:	
Emergency contact name:	
Contact telephone numbers:	
Name of Doctor:	
Surgery:	
Telephone number:	
Details of immunisations:	
List any allergies or medical conditions:	

Signed Parent/Carer:

Date: