

# Moseley Montessori Nursery

## REGISTRATION FORM

Childs Full Name: .....Gender: .....

Date of Birth: .....Place of Birth: .....

Ethnic Origin: .....Childs First Language: .....

Religion: .....

Childs Home Address: .....

.....

Home Telephone No: .....

Mothers Full Name: ..... Mobile No: .....

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

.....

Fathers Full Name: .....Mobile 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:

.....

Childs Doctor: .....Telephone No: .....

Address: .....

.....

Previous Playgroup/Nursery if any:

.....

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

.....

.....

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

.....

Any past illness: .....

.....

Please let us know of any dietary requirements:

.....

.....

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.

.....

.....

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: .....

Email Address for Correspondences:.....

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