

Registration Form
Ealing Green Montessori
Seion Welsh Chapel, Ealing Green
London W5 5EN

Registration Date:

Preferred sessions (Please select)	AM	PM	Registration Fee Amount: £50 Date Paid:
Monday	☐	☐	
Tuesday	☐	☐	
Wednesday	☐	☐	Deposit Amount: £500 Date Paid:
Thursday	☐	☐	
Friday	☐	☐	
			Preferred Start Date:

Please complete all sections of this form and use a separate form for each child.

Family name / surname:	Forename(s):
Male ☐ Female ☐	Date of Birth:
Ethnic Origin:	First Language
Who has legal responsibility for the child:	
Who has parental responsibility for the child:	

Home Address:
Home telephone number:

Parent 1's name:	
Relationship to Child:	
Telephone number(s):	
Email address(es)	
Occupation:	Place of work:
Work contact number:	

Parent 2's name:	
Relationship to Child:	
Telephone number(s):	
Email address(es)	
Occupation:	Place of work:
Work contact number:	

Doctors name:	Telephone number:
Surgery Address:	
Health Visitors name:	Telephone number:

Does your child suffer from any of the following? (please select)			
Asthma ☐	Hayfever ☐	Eczema ☐	Febrile Convulsions ☐
Other (please give details)			

If your child is on any medication, please give details:
If your child has any dietary requirements, please give details:

Any additional information:

Consents
We authorise the nursery staff to attend to all matters relating to our child’s health while they are in the care of the nursery. In the event of an emergency, staff will take all necessary action, including arranging hospital treatment, and will inform us as soon as possible.
We agree that if our child becomes unwell or develops a contagious illness, we will collect them promptly once contacted. We also agree not to send our child to the nursery if they are unwell.
We understand that all staff have a legal duty to safeguard children. If a member of staff has concerns that a child in their care may be at risk of abuse or neglect, they are required to report this to the appropriate authorities.
By signing this form, we confirm that we have read, understood, and agree to the terms and conditions of admission to Creative Minds Nurseries. We also agree to adhere to all nursery policies and procedures once our child starts. These are available on CMN website.

Signature:	Date:
------------	-------