

## CHILD'S DETAILS

Surname (Legal surname)				First name(s)		
Known as				Date of birth		
First language				Other language(s)		
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Religion	
Home address (including postcode)						

## PARENT/CARER 1

Relationship to child		Does this person have parental responsibility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Surname			First name			
Home address (if different from above)						
Mobile tel no			Home tel no			
Occupation			Work tel no			
Email address						

## PARENT/CARER 2

Relationship to child		Does this person have parental responsibility?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Surname			First name			
Home address (if different from above)						
Mobile tel no			Home tel no			
Occupation			Work tel no			
Email address						

## CHILD'S MEDICAL HISTORY

Please state any medical history that you feel the pre-school should be aware of:

--

## CHILD'S ADDITIONAL NEEDS OR DISCLOSURES

Does your child have any areas of concern which you would like to discuss with our Special Needs and Disability Coordinator?

--

## OTHER PROVISIONS

Does your child attend another childcare setting or have a childminder?	Name				
	Telephone Number				
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Email address	

## EYPP (Early Years Pupil Premium)

EYPP is additional funding that can be claimed to support children in their learning and development. The pre-school may be eligible to claim this if you are in receipt of certain government benefits.

Would you like to be sent the EYPP Voluntary Registration form in order for us to check your eligibility?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

*For office use only:*

Email confirmation sent	<input type="checkbox"/>	T&Cs signed	<input type="checkbox"/>
SAGE/ Excel updated	<input type="checkbox"/>	Copy sent to Pre-school	<input type="checkbox"/>
Admission fee amount	<input type="checkbox"/>	Healthcare/ SEND	<input type="checkbox"/>
		Settling in letter sent	<input type="checkbox"/>

## FEES AND BOOKING PATTERNS

We require children to attend a minimum of 2 sessions per week. Early Education Entitlement Funding can be used across all sessions but it does not cover the Extra Service Charge. Please refer to the Parent Contract & Terms and Conditions for a detailed outline of fees, invoicing and payment conditions. Session allocations are subject to confirmation nearer to the child's start date.

Preferred start date:  Age at Preferred Start Date

PREFERRED SESSIONS (Please mark with a cross)	Monday	Tuesday	Wednesday	Thursday	Friday
8.30am – 12.30pm					
12.30pm – 3.30pm					

## FULLY FUNDED CHILDREN ONLY – subject to availability

If you feel you would be unable to afford the Extra Service Charge, you may be able to access a fully funded place. These are allocated on a first-come first served basis. If you would like to be considered for this, please mark this box with a cross and we will contact you about availability.

## CHILD'S ETHNICITY (Please mark with a cross)

I do not wish an ethnic background to be recorded	Asian
White	Indian
British	Pakistani
Irish	Bangladeshi
Traveller of Irish Heritage	Nepali
Gypsy/Roma	African Asian
Albanian (ex Kosovan)	Other Asian
Italian	Chinese
Kosovan	Thai
Greek/Greek Cypriot	Vietnamese
Turkish/Turkish Cypriot	Other Asian background
White Eastern European	<b>Black or Black British</b>
White Western European	Caribbean
White other (other white background not shown above)	Nigerian
<b>Mixed/Dual Background</b>	Other Black African
White and Black Caribbean	Any other Black background
White and Black African	<b>Any Other Ethnic Background</b>
White and Asian	Afghanistani
White and any other ethnic group	Filipino
Other mixed background	Any other ethnic group

## DECLARATION

I/We understand the terms and conditions of the Parent Contract & Terms and Conditions and accept and agree to abide by them. I/We understand that the Pre-school reserves the right to amend the Parent Contract & Terms and Conditions from time to time and that I/We will be given reasonable notice of any such amendment.

I/We understand that if I/We wish to remove my child from the Pre-school that I/We must give a term's notice in writing, to Play to Learn Head Office, to terminate this contract otherwise I/We will be liable to pay 6 weeks' fees in lieu of notice.

PARENT/CARER 1		PARENT/CARER 2	
Print Name	<input type="text"/>	Print Name	<input type="text"/>
Sign	<input type="text"/>	Sign	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

Please complete and return this form to: [office@mymontessori.org.uk](mailto:office@mymontessori.org.uk). Alternatively, you may post it to:  
 Maynard Montessori, c/o Play to Learn Limited, Spriggs Yard, Thaxted Road, Little Sampford,  
 Saffron Walden, CB10 2SA.

Upon receipt of this document, we will send you a request via email for payment of the admission fee (£60), after receipt of which, your child's name will be added to the admission list.