

## CHILD'S DETAILS

|                                   |      |                          |        |                          |          |  |
|-----------------------------------|------|--------------------------|--------|--------------------------|----------|--|
| 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/received    | <input type="checkbox"/> |
| SAGE updated                         | <input type="checkbox"/> | Copy sent to pre-school | <input type="checkbox"/> |
| Admission fee received/method/amount | <input type="checkbox"/> | Healthcare/ SEND        | <input type="checkbox"/> |
|                                      |                          | Settling in letter sent | <input type="checkbox"/> |

## FEES AND BOOKING PATTERNS

We recommend a minimum of 2 sessions are attended per week. Early Education Entitlement Funding can be used across all sessions but morning/all day sessions are subject to an Extra Service Charge. Please refer to the Parent Contract & Terms and Conditions for a detailed outline of all fee structures, invoicing arrangements 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 |
| 9am – 1pm (includes hot lunch)                         |        |                             |           |          |        |
| 1pm – 4pm  |        |                             |           |          |        |
| FULLY FUNDED CHILDREN ONLY                             |        |                             |           |          |        |
| 10am – 4pm (with 30 hour funding – excludes hot lunch) |        |                             |           |          |        |
| 1pm – 4pm (with 15 hour funding)                       |        |                             |           |          |        |

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

|  |                                    |
|--|------------------------------------|
| <b>I do not wish an ethnic background to be recorded</b> | <b>Asian</b>                       |
| <b>White</b>   | 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     |  | Print Name     |  |
| Sign           |  | Sign           |  |
| Date           |  | Date           |  |

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

Upon receipt of these documents, 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.