

CHILD'S DETAILS						
Surname <i>(Legal surname)</i>				First name(s) <i>(Legal name)</i>		
Known as				Date of birth		
First language				Other language(s)		
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Religion	
Home address						
Postcode						

PRIMARY CARER DETAILS						
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 <i>(if different to above)</i>						
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 <i>(if different to above)</i>						
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:

For office use only:

Sage updated	<input type="checkbox"/>
Excel updated	<input type="checkbox"/>
Occupancy updated	<input type="checkbox"/>

Application fee received	<input type="checkbox"/>
T&Cs signed	<input type="checkbox"/>
Email confirmation sent	<input type="checkbox"/>

Copy sent to Pre-school	<input type="checkbox"/>
Healthcare/ SEND	<input type="checkbox"/>
Settling in letter sent	<input type="checkbox"/>

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?

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OTHER PROVISIONS

Does your child attend another childcare setting or have a childminder?			Name		
			Telephone Number		
Yes		No		Email address	

FEES AND BOOKING PATTERNS

- Universal and Extended Early Education Entitlement Funding can be used across all sessions.
- Funding will be stretched for eligible children attending all year round.
- Funding does not cover the Montessori Supplement which will still be invoiced.
- 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.

ATTENDANCE TYPE (Please mark with a cross)

Term-time only (38 weeks)		All year round (51 weeks)				
PREFERRED SESSIONS (Please mark with a cross)		Monday	Tuesday	Wednesday	Thursday	Friday
School Day	0900-1600					
Full Day	0800-1730					

PREFERRED START DATE

Preferred start date:		Age at preferred start date:	
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FUNDED EARLY EDUCATION ENTITLEMENT – FREE PLACE - subject to availability

We offer an FEEE funded free place to which the Montessori Supplement is not applied. This is reserved for those families who are in receipt of certain government benefits and would be unable to afford the Montessori Supplement. It is allocated on a first-come first-served basis. If you would like to be considered for this place, please mark this box with a cross.

NOTE: If you have marked the box above with a cross, please contact finance@mymontessori.org.uk regarding availability before paying the Application Fee.

APPLICATION FEE

Please make a payment of £65 via Bank Transfer to the following account and record the payment details below:

- Account Name: **Play to Learn Limited – Westwood**
- Account Number: **55643968**
- Sort Code: **30-97-24**
- Reference: **APPFEE [Child's surname]**

Date payment was made:	
Amount paid:	

CHILD'S ETHNICITY (Please mark with a cross)

White		Asian or Asian British	
English, Welsh, Scottish, Northern Irish or British		Indian	
Irish		Pakistani	
Gypsy or Irish Traveller		Bangladeshi	
Any other White background		Chinese	
Mixed or Multiple ethnic groups		Any other Asian background	
White and Black Caribbean		Black, African, Caribbean or Black British	
White and Black African		African	
White and Asian		Caribbean	
Any other Mixed or Multiple ethnic background		Any other Black, African or Caribbean background	
Other ethnic group		Ethnicity not to be recorded	
Arab		I do not wish my child's background to be recorded	
Any other ethnic group			

DECLARATION

To be completed by all Parents/Carers named as having parental responsibility on page 1.

Please ensure that your actual signature is used (*). We cannot accept typed names in place of signatures.

I/We have read and 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/our child from the Pre-school and terminate this contract that I/we must give notice in writing to Play to Learn Head Office by the relevant date given in the Parent Contract & Terms and Conditions, 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: finance@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.