



RAINBOW MONTESSORI SCHOOL NURSERIES
FEOP Application Form

These places will be allocated on a first come, first served basis, and can be booked a term in advance. Please note for admissions for the free nursery education we have a termly intake, beginning the term following your child's third birthday.

Desired Term & Year of Entry	Spring <input type="checkbox"/> Jan – March	Summer <input type="checkbox"/> April- July	Autumn <input type="checkbox"/> Sept – Dec	Year
Nursery Site (Please tick your preferred site) (FEOP) FREE ENTITLEMENT ONLY PLACE			West Hampstead <input type="checkbox"/>	Queen's Park <input type="checkbox"/>

CHILD'S DETAILS

Child's Name: Surname	First	Middle
Nationality:	Date of birth:	Age:
Ethnic Origin:	Religion (optional):	
Language(s) spoken at home	Main home address:	
Male <input type="checkbox"/> Female <input type="checkbox"/>	Postcode:	

PARENT/GUARDIAN/CARER DETAILS

Name: Surname	First
Relationship to child:	Occupation:
Work Address	
Tel:	Mobile:
Email Address:	
Are you the child's parent/legal guardian (Please tick box)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Name: Surname	First
Relationship to child:	Occupation:
Work Address	
Tel:	Mobile:
Email Address:	
Are you the child's parent/legal guardian (Please tick box)	Yes <input type="checkbox"/> No <input type="checkbox"/>

EMERGENCY CONTACT

Name: Surname	First
Relationship to child:	
Tel:	Mobile:



MEDICAL HISTORY

Doctor's Name:	Tel:
Known allergies:	
Known Intolerances	
Medical History:	
Record of Immunization:	
Other Information (e.g. diet, sibling history etc. Please state any special needs/difficulties your child may have? This includes Educational/Psychological/Physical needs. If required, please provide details on a separate sheet)	

I/We hereby give do not give* permission for my child to be photographed at Rainbow Montessori School (RMS) to be used for the purposes of school related activities or business. *If you have requested to opt out, your child will still be included in photos or videos of school activities solely for parental involvement purposes (i.e. class blogs etc.)

I/We hereby give do not give permission for my child to be taken to hospital, admitted and treated if necessary. I understand that every attempt will be made to contact me first and that such measures would only apply if I am not available.

I/We give do not give permission for my child to go on school outings and public transport.

I agree that while at RMS to abide by the published School Policies & Parent Handbook available online via the school website www.rainbowmontessori.co.uk including any amendments / updates in force during my child's attendance at RMS.

I agree to give one full term's written notice before removing my child from RMS.

We reserve the right to limit and/or have specific funded sessions, according to our business requirements

Please note that funding will not be provided for children who change settings mid-term other than for the reasons set out in parent declaration form.

ALL FORMS MUST BE SIGNED BY BOTH PARENT(S) AND/ OR LEGAL GUARDIAN(S).

Parent 1 Full Name _____ Parent 1 Signature _____ Date _____

Parent 2 Full Name _____ Parent 2 Signature _____ Date _____

For office use only

REGISTRATION FEE DEPOSIT DATE ID CHECKED DATE

STARTER PACK SENT DATE