



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)			West Hampstead <input type="checkbox"/>	Queen's Park <input type="checkbox"/>

NURSERY SESSIONS (Please tick your preferred sessions)

Nursery Sessions	Morning Session	Afternoon Session	Full Day
Nursery Session Times	08.30am -12.15pm	12.00pm – 03.15pm	08.30am -03.15pm
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Queens Park Extended Hours ONLY	AM EXTENSION 8:00 am	PM EXTENSION 4:00 pm	EXTENSION FOR BOTH AM & PM
	<input type="checkbox"/>	<input type="checkbox"/>	<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:

****Please turn over****



RAINBOW MONTESSORI SCHOOL NURSERIES
Application Form

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 or to pay the term's fee in lieu thereof, the deposit paid on enrolment will be retained towards payment of fees in lieu of sufficient notice. This is in accordance with the Rainbow Montessori School Registration Agreement.

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

STARTER PACK SENT DATE ID CHECKED DATE



Registration Agreement

Full Name of child:

Term of Entry Spring Summer Autumn Year

Nursery Site West Hampstead Nursery

Queens Park Nursery

1. I/we agree to pay the sum of £360.00 to be held by the Rainbow Montessori School (RMS). The £360.00 consists of a £60.00 non-refundable registration fee and a £300.00 deposit. The said sum of £300.00 will be deducted from my/our child's final term's fees subject to the following:

1.1 The said sum of £300.00 will be repaid to me/us in its entirety unless I/we have failed to give RMS one term's written notice before removing my/our child from the school.

1.2 If I/we fail to give one term's written notice, I/we understand that I/we will be liable to pay one term's fees in lieu of notice and that the said sum of £300.00 will be retained by RMS towards payment of such fees.

2 Any offer of a place is based on and subject to full disclosure by you of all information required on the Registration Form. Any change in the information supplied must be notified in writing to RMS prior to the place being taken up.

3 This agreement is subject to acceptance of and compliance with our School Policies as stated in our Parent Handbook, available on our website. Where a breach of our policies results in the withdrawal of a place, the school will not be held liable including for any fees or costs arising.

4 No verbal indication to or from any member of staff shall constitute a legal agreement between the school and yourselves.

5 Any amendment to terms and conditions above may only be authorised in writing by the Director. Your acceptance of the foregoing conditions constitutes a legal agreement between RMS and yourselves. The terms and conditions above constitutes a legal agreement between Rainbow Montessori School and yourselves both individually and severally.

PLEASE COMPLETE & RETURN WITH £360.00 TO SECURE YOUR PLACE

BANK TRANSFER MADE PAYABLE TO 'RAINBOW MONTESSORI
BARCLAYS BANK SORT CODE: 20-36-16 ACCOUNT: 73267482

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 _____

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£360.00 Received Date Received

Refund issued Y.....N..... Date Refund issued