



**APPLICATION FOR A PLACE ON THE WAITING LIST OF**

# **BECKETT HOUSE MONTESSORI NURSERY SCHOOL**

Child's Full Name

Gender

Boy

Girl

Prefer not to say

Date of birth



Month Day Year

Home Phone

Please enter a valid phone number.

Parents' (and/or Legal Guardian's) Names

Home Address

e-mail address

example@example.com

Mother's /Partner's Work Address

Phone

Please enter a valid phone number.

Mobile

Father's/Partner's Work Address

Phone

Please enter a valid phone number.

Mobile

Designated persons authorised to collect your child (on receipt of specific instructions only)

Name

Address

Phone

Name

Address

Phone

Name & Address of Family Doctor

Name

Address

Phone

Preferred start date (by term)



Month Day Year

Preferred times of attendance:

**Mon**

**Tue**

**Wed**

**Thu**

**Fri**

**Morning**

**Afternoon**

Has/does your child attended any other nurseries?

Yes

No

Will your child be attending any other nurseries?

Yes

No

I/we confirm that I/we have read, understood and retained the information attached to this form and that our signature(s) below is our acceptance of these terms and conditions.

Signature of parent(s)

Date



Month Day Year

Please enclose or transfer the registration fee of **£75.00** which must be paid before your child can be put on the list and it is

Please remit to: Nat West, Beckett House Limited

Sort Code: 60-18-20 Acc. No: 96849401

Please note:

**Acceptance onto the waiting list does not guarantee a place.**