

Chagford Montessori Nursery School

Email: info@chagfordmontessori.co.uk

Tel: 01647 433676

Admission and Registration Form

Date

PLEASE FILL IN BLOCK CAPITALS

Child's full name	Date of Birth		
Name they like to be known by: To be used on child's name stick/tray/peg etc.			
First Parent/carer			
Home address			
Post code			
Home telephone	Mobile		
Email			
Occupation and work address			
Work telephone			
Second Parent/carer			
Home address if not as above			
Post code			
Home telephone	Mobile		
Email			
Occupation and work address			
Work telephone			
A Local Emergency contact name	Telephone		
Address	Mobile		
Family Doctor	Telephone		
Sessions are from 9am-12pm, 1pm-4pm Lunch Club 12pm-1pm, we may not be able to offer all sessions, availability depends on numbers. Please ring around sessions and lunch club times you would like.			
Monday	Tuesday	Wednesday	Thursday
am	am	am	am
lunch	lunch	lunch	lunch
pm	pm	pm	pm
Approximate term of enrolment:			
I/we have read and agree to the Terms and Conditions as stated in the Nursery Prospectus			
Signed			
Please print name		Date	