



Montessori Nursery

Application Form

**Personal Details:**

Child's full name:

Date of Birth:

Home Address:

Home Telephone Number:

Nationality:

Ethnicity:

Home Language:

Religion:

---

**Mother's Name:**

Profession or occupation of Mother:

Mother's Telephone:

Work Telephone:

Mobile Telephone:

Email Address:

**Father's Name:**

Profession or occupation of Father:

Father's Telephone:

Work Telephone:

Mobile Telephone:

Email Address:

**Doctor's Details**

GP's Contact Name:

Address:

Telephone Number:

---

**Dentist's Details**

Dentist's Contact Name:

Address:

Telephone Number:

Last visit to the dentist:

---

**In Case of Emergency**

<b><i>Emergency Contact 1 (e.g. Aunty/Uncle/Friend)</i></b>	<b><i>Emergency Contact 2 (e.g. Aunty/Uncle/Friend)</i></b>
Name:	Name:
Relationship:	Relationship
Telephone Number:	Telephone Number:
Work Telephone:	Work Telephone:
Mobile Telephone:	Mobile Telephone:
Email address:	Email address:

**Individuals collecting child at the end of sessions**

<b><i>Individual #1</i></b>
Name:
Telephone:
Work Telephone:
Mobile Telephone:
Email:

<b><i>Individual #2</i></b>
Name:
Telephone:
Work Telephone:
Mobile Telephone:
Email:

<b><i>Individual #3</i></b>
Name:
Telephone:
Work Telephone:
Mobile Telephone:
Email:

**Password:**

This must be given to staff along with **photograph identification**, if a person who is not named above collects child from nursery.

**Child's Medical History**

*Please include as much detail as possible:*

**Allergies (e.g. Nuts, Dairy, Eggs, Soy, Fish, Shellfish, Wheat):**

**Special needs (e.g. Autism, Speech Delay, Global Delay):**

**Dietary needs (e.g. Halal only, Pescetarian, Vegetarian, Vegan):**

**Immunisations**

<b>Name of Vaccine:</b>	<b>Date:</b>
BCG	
DTaP/IPV/Hib (8 weeks) PCV	
DTaP/IPV/Hib (12 weeks) Men C	
DTaP/IPV/Hib (16 weeks) Men C PCV	
Hib/Men C (12 months)	
MMR (1 <sup>st</sup> Dose) (13 months) PCV	
MMR (2 <sup>nd</sup> Dose) DTaP/IPV	
Other:	

**Any further information you may feel we should know:**

- ❖ Please confirm your consent for us to seek advice from any medical emergency service, including allowing your child to be taken to hospital. **Yes / No**

**Additional Information:**

Sessions Required:

Day:	Monday	Tuesday	Wednesday	Thursday	Friday
Hours:					

NB: Payment for Nursery Meals or Breakfast is to be paid either weekly, **every Monday**; or monthly, the **1<sup>st</sup> Monday** of the month.

Nursery Meals @ £3.99 per day	Y/N	Breakfast only @ £2.00 per day	Y/N	Packed Lunch	Y/N
----------------------------------	-----	-----------------------------------	-----	--------------	-----

Start Date: \_\_\_\_\_

How did you hear about Happy Hands Montessori Nursery? \_\_\_\_\_

**Contract Agreement:**

I/We acknowledge that by signing this application form and a start date being agreed, a legally binding contract has come into force between me/us and the nursery, incorporating the Terms & Conditions on our website from time to time, and I/We agree to pay the deposit and any nursery fees that are due.

Mother's/Carer's Signature:

Father's/Carer's Signature:

Date:

Date:

Please post this application form, along with the deposit of one month's fee, to our Head Office:  
**Happy Hands Montessori Nursery Ltd, 405 Jubilee Heights, 1 Shoot-Up Hill, London, NW2 3UQ**

Or alternatively hand it in to our nursery setting:

**Happy Hands Montessori Nursery, St. Mary's Parish Centre, Neasden Lane, London NW10 2TS**

❖ **Documents to be photocopied and submitted with Application Form:**

1. NEG 2 Letter (If applicable)
2. FULL Birth Certificate
3. Red Book – Immunisation Section
4. Proof of Address (Utility Letter/Drivers Licence/Tenancy Agreement/HMRC Letter etc.)

## Consent Form

I, \_\_\_\_\_, **give / do not give** consent to my child, \_\_\_\_\_  
taking part in: (*Please tick relevant box*)

- Photographs for displays
- Photographs for website
- Local trips (Walking distance)
- Face Painting
- Mendi/Henna
- Make-Up
- Retirement Home (Christmas Carolling)
- I also give permission for staff to apply Sun Cream, which will be provided by parents when necessary.

### Re: Happy Hands Montessori Nursery Facebook Fan Page

We would like to ask your permission to allow us to upload pictures of the children onto our Facebook Fan Page. **This is a group only fan page and is therefore private.** We believe this is a great way of sharing what we do at nursery on a daily basis with our community and beyond. Becoming a fan allows you, as stakeholders to feedback your thoughts about our nursery, and also see what our children here at Happy Hands achieve and learn on a daily basis. Please become a fan at:

[www.facebook.com/pages/Happy-Hands-Montessori-Nursery-LTD/147621598628370](http://www.facebook.com/pages/Happy-Hands-Montessori-Nursery-LTD/147621598628370)

I, \_\_\_\_\_, **give / do not** give permission to my child, \_\_\_\_\_  
to appear on the Happy Hands Montessori Nursery Facebook Fan Page.

Print [Parent's] Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Dated:

**Shehama Russell**  
(Head Teacher)

**Office Use Only:**

**Date of Enrolment:**

**Start dates at Nursery:**

**Deposit:**

**Any further information:**