

# MACE MONTESSORI SCHOOLS Ltd

Registered in England No: 3749583

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## Application Form

### Starting date required:

Child's name:.....

Address where child resides:.....

.....

Mothers Name/Carer 1:.....

Address if different from child's.....

.....

Fathers full name:.....

Address is different from child's:.....

.....

Carer 2 ( if applicable).....

Telephone number where child resides: .....

Date of Birth:..... Religion:.....

Cultural background:..... Language spoken at home:.....

Mother's full day time work / college address:.....  
.....  
Telephone no:.....

Father's/ Carer 2 daytime work/college address:.....  
.....  
Telephone no:.....

Name, address and telephone number of your child's doctor  
:.....  
.....

Name, clinic address and telephone number of your child's Health  
visitor:.....  
.....

Name, address and telephone number of a person other than yourselves whom  
we may contact in an emergency if you are unavailable. Please also state their  
relation to the child. This person must be local and aware that their details have  
been supplied.  
.....  
.....

Are your child's immunizations up to date? Yes No  
If no pleas give details of immunization missed or not taken by you:  
.....  
.....

Please circle any of the following illnesses your child has had:  
Chicken pox Whooping cough Measles Mumps  
German Measles Scarlet fever Croup Meningitis

Does your child's have asthma? Yes No  
If yes, what is their current medication requirements?  
.....  
.....

Does your child have any other allergies or phobias? Yes No  
If yes, please give details:  
.....  
.....

Has your child attended a previous nursery school or child minders provision?

Yes\_\_\_ No\_\_\_

Please give details:.....  
.....

Does your child have any special dietary needs, either medical or religious?

Yes\_\_\_ No\_\_\_

.....

Has your child suffered any other previous injury or illness that required  
Hospitalisation or continued medical treatment? If so, please specify

.....  
.....

Is your child on any prescribed medication? Yes\_\_\_ No\_\_\_

Please state the name of the medication and dosage.

Name of medicine:

Date prescribed:

Dosage required:

.....

Is your child still in nappies Yes\_\_\_ No\_\_\_

Do you wish your child to have a sleep during the day? Yes\_\_\_ No\_\_\_

Is there anything else you wish to tell us about your child?.....

.....

### **Extra Curricular Activities**

Specialist Teachers attend school for the following activities:

French, Dance Drama.

Please state if you wish your child to be included.

I do / do not wish my child to participate in French.

I do / do not wish my child to participate in Dance/Drama.

I understand that I will be invoiced for these activities each term.

## Emergency Treatment CONSENT

In the event of a medical emergency, we will endeavor to contact you as Parent/guardians and named emergency contacts using the information you have supplied to us. If this proves not possible, a member of staff will accompany your child to hospital if this is required. We must therefore have your written permission in this respect.

Please complete this form with your application.

I/We.....Parent/guardian  
of..... herby give consent for my/our child named  
above to receive emergency medical treatment as appropriate in the event of a  
medical emergency.

Signed.....

Print.....

Date.....

Please state any medical procedures you would not wish your child to have, for  
example a blood transfusion.

.....  
.....

# Outings Consent

We feel it is an important part of the child’s social development and awareness of the environment to accompany us on small local outings. We must have your consent in order to do this. We usually attend places like The Library, Ravenscourt Park and the Fire Station as well as others from time to time. Please complete this form with your application. Correct staff ratios will be maintained at all times.

I/We.....Parent/guardian of.....  
herby give consent for my/our child named above to go on outings with  
MACE Montessori Schools limited in the local area from time to time.

I understand that my child must have at least one polo shirt and one sweatshirt on site at MACE for outings purposes at all times.

Signed.....

Print.....

Date.....

# Registration Form

**Starting date required:**.....

**Place required:**

Full time:.....

School Hours (9am- 3pm).....

\*AM's .....

\*PM's.....

\*1 Day .....

\*2 Days.....

\*3 Days.....

\*4 Days.....

\*Sessions subject to availability.

Please accept this form as my application to register..... On the waiting list at MACE Montessori School, 30-40 Dalling Rd, London, W6 0JD.

I have received and read the current Terms & Conditions of Business of MACE Montessori Schools Limited and I agree to completely comply with them. I understand that the terms & Conditions of Business constitute a contract between myself and M.A.C.E Montessori Schools Limited. I also understand that a deposit fee of £300.00 (full time), £150.00(part time) is payable 6 weeks before my child starts in order to secure the place. In case of a September place this fee has to be paid no later then the end of June.

I enclose a non- refundable registration fee of £40 made payable to MACE Montessori Schools Limited and I understand that this does not guarantee me a place, but that I will be placed and notified of a place in due course.

Signed:..... (Parent/guardian)

Date: .....