



APPLICATION FORM: NURSERY & PRE-PREPARATORY DEPARTMENT (2 months-5 years)

CHILD'S DETAILS					
SURNAME:					
FORENAME(S):					
MIDDLE NAME(S):					
PREFERRED NAME:					
DATE OF BIRTH*		FEMALE	<input type="checkbox"/>	MALE	<input type="checkbox"/>

*A copy of your child's birth certificate is required. Please bring in the original for the Registrar to copy.

PROPOSED START DATE:					
<i>Please indicate below days and hours required</i>		Start time:	Finish time:		
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Will you use our holiday playschemes (Pre-Prep applicants only)?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
NATIONALITY:	RELIGION:				
FIRST LANGUAGE:					
ANY ADDITIONAL LANGUAGES:					

ANY SIBLINGS: (WITH AGES)			
CURRENT NURSERY/SCHOOL (if applicable):			
DATE FROM:		DATE TO:	

<i>For office use only</i>	Class:		Birth certificate ref:	
Registrar:		Bursar:	Room Leader:	Last updated: 15 February 2019



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PARENT(S)/GUARDIAN(S) DETAILS			
PARENT/GUARDIAN 1			
TITLE	FORENAME	SURNAME	
RELATIONSHIP TO CHILD: (if relevant, please indicate which parent has custody)			
OCCUPATION		PLACE OF WORK	
POSTAL ADDRESS			
			POSTCODE:
Is this your child's primary residence?			YES <input type="checkbox"/> NO <input type="checkbox"/>
HOME NUMBER:		MOBILE NUMBER:	
WORK NUMBER:		OTHER NUMBER:	
PREFERRED EMAIL ADDRESS TO RECEIVE SCHOOL INFORMATION:			
PARENT/GUARDIAN 2			
TITLE	FORENAME	SURNAME	
RELATIONSHIP TO CHILD: (if relevant, please indicate which parent has custody)			
OCCUPATION		PLACE OF WORK	
POSTAL ADDRESS <i>(if same as above please leave blank)</i>			
			POSTCODE:
Is this your child's primary residence?			YES <input type="checkbox"/> NO <input type="checkbox"/>
HOME NUMBER:		MOBILE NUMBER:	
WORK NUMBER:		OTHER NUMBER:	
PREFERRED EMAIL ADDRESS TO RECEIVE SCHOOL INFORMATION:			



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EMERGENCY CONTACT DETAILS

Please provide at least one additional contact number for someone we can contact in the event of an emergency where we cannot get hold of a parent or guardian.

EMERGENCY CONTACT 1 DETAILS

TITLE	FORENAME	SURNAME

TELEPHONE NUMBER(S):

RELATIONSHIP TO CHILD:

EMERGENCY CONTACT 2 DETAILS

TITLE	FORENAME	SURNAME

TELEPHONE NUMBER(S):

RELATIONSHIP TO CHILD:

How did you hear about us?

<i>Local knowledge</i>		<i>Press advert</i>	
<i>Website</i>		<i>Sibling already attends</i>	
<i>Recommendation</i>		<i>Other</i>	

If recommendation, please give us the name:



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TERMS AND CONDITIONS

I/we agree to the terms and conditions of the school prospectus and supplementary information.

I/we realise that there is no refund given for absence and that for children under 2½ years, one full month's notice is required in writing addressed to the Headmaster. Failure to provide the required notice period will result in a month's fees being payable in lieu of notice

For children over 2½ years, **one full term's notice** in writing is required, to be addressed to the Headmaster, to expire at the end of a full term. Failure to provide the required notice period will result in a term's fees being payable in lieu of notice.

I/we have paid a non-refundable registration fee of £50.00. Payment may be made by card, in cash or online via BACS. Our bank details are available upon request.

I/we give permission for Matron, or her representative, to act in loco parentis in a medical emergency.

SIGNATURE:
(Parent/Guardian 1):

DATE:

SIGNATURE:
(Parent/Guardian 2):

DATE:

<i>For office use only</i>	<i>Reg fee paid:</i>	£	<i>Card:</i>		<i>BACS:</i>		<i>Cash:</i>		<i>Payment taken by (initials):</i>		<i>Date:</i>	/	/
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