

REGISTRATION FORM

return to: Caterpillars Montessori, PO BOX 176, Alton, Hampshire, GU34 5ZX



CHILD'S DETAILS:

First Name(s): Surname:

Date of Birth: / /

Immunisation details: (please tick all that apply)

Diphtheria	<input type="checkbox"/>	Tetanus	<input type="checkbox"/>	HIB	<input type="checkbox"/>	Polio	<input type="checkbox"/>
MMR	<input type="checkbox"/>	Meningitis C	<input type="checkbox"/>	Pertussis	<input type="checkbox"/>		

Any relevant medical or dietary information: (e.g. allergies/intolerances/regular medications)

MOTHER'S DETAILS:

First Name(s): Surname:

Address: Postcode:

Home Tel. (inc. Area) Daytime Tel. Mobile:

PARTNER'S DETAILS:

First Name(s): Surname:

Daytime Tel. (inc. Area) Mobile:

1st CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENTS):

First Name(s): Surname:

Daytime Tel. (inc. Area) Mobile: Relationship to child:

2nd CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENTS):

First Name(s): Surname:

Daytime Tel. (inc. Area) Mobile: Relationship to child:

GENERAL PRACTITIONER'S DETAILS:

Name: Telephone:

Address: Postcode:

OTHER INFORMATION:

Faith/Religion:

Special Requirements (pertaining to faith or religion):

Please tick if you agree that your phone number may be given to other parents: Signed:

Please tick if you would like to receive invoices, newsletters, term dates etc via email: (NB: Your email address will be visible to other parents at Caterpillars ONLY)

email address:

PREFERRED SESSIONS:

Sessions:	Monday	Tuesday	Wednesday	Thursday	Friday	
Four Marks	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/>	<input type="checkbox"/> AM <input checked="" type="checkbox"/>	<input type="checkbox"/> AM <input checked="" type="checkbox"/>	For all day sessions, tick both morning and afternoon
Hartley Wintney	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input checked="" type="checkbox"/>	
When would you like your child to start?	<input type="text"/>					<input checked="" type="checkbox"/> Currently unavailable
When do you expect your child to leave Caterpillars?	<input type="text"/>					

DETAILS OF PERSON TO WHOM INVOICE SHOULD BE SENT IF NOT PARENT OR GUARDIAN:

Name: Telephone:

Address:

Postcode:

PLEASE NOTE: A registration deposit of £75 is required to secure your child's place. £50 of this deposit will be deducted from your final invoice total. Please make cheques payable to Caterpillars Montessori Ltd.

(OFFICE USE ONLY) Deposit Paid: Date: