



# Little Learners Montessori School

St. Helen's Church. St. Helen's Road  
Solihull B91 2DA  
Tel: 07526 789185

Basic Details	
Child's full name: (First name, Middle name, Surname)	
Known as:	
Date of birth:	Gender:
Name of parent(s) with whom the child lives:	
Address of parent(s) with whom the child lives:	
Parent 1 Relation to child _____ Do you have parental responsibility for this child? <b>Yes/No</b> (please delete as appropriate) _____ Occupation	Parent 2 Relation to child _____ Do you have parental responsibility for this child? <b>Yes/No</b> (please delete as appropriate) _____ Occupation
Contact details Phone _____ Email address _____	Contact details Phone _____ Email address _____
We will send you information such as settling in procedures and forms, education grant forms and other related matters via email.  <i>Please sign here to consent to us contacting you for the purposes above</i>  Parent 1 ..... Parent 2 .....	
Admission required for term beginning September / January / April 20_____ (delete as appropriate)	

Health Information			
Does your child suffer from any of the following <i>(please tick those which apply)</i>			
Asthma		Epilepsy	
Heart Condition		Kidney/Bladder problems	
Diabetes		Bee Sting Allergy	
Sight Impairment		Deafness	
Eczema		Other	
If you have ticked any of the boxes above please give details here:			
Does your child have any special dietary needs or preferences? <b>Yes/No</b> <i>(Please delete as applicable)</i> If yes please give details below			
Does your child have known allergies? <b>Yes/No</b> <i>(Please delete as applicable)</i> If yes please give details below			
Name of GP:			
Surgery:			
Address:			
Telephone number:			

## CONTRACT

Once my child has been accepted:

- I will pay each term's fees in advance (within one week of start of term).
- I acknowledge that one term's notice of withdrawal is required **in writing** or a term's fees will be charged in lieu.
- I understand that no reduction can be made for holidays, sickness or any other absence during term.

**Please enclose: a non-refundable registration fee of £ 75.00  
a photocopy of your child's birth certificate with this registration form**

Cheque payable to:

Little Learners Montessori School  
**Post to:** Little Learners Montessori School  
 12 Thornby Avenue  
 Solihull B91 2BJ

BACS payment

Name: Little Learners  
 Account number 43325270  
 Sort Code 09-06-66

***Once your child has been accepted, a non refundable retainer fee for the amount of £100.00 will be required. This amount will be deducted from the final term's fees.***

Signature of parent completing form \_\_\_\_\_

Name of parent completing form \_\_\_\_\_

Date \_\_\_\_\_