

## WIRRAL MONTESSORI ACADEMY Child Registration Form

### Personal Details

Name of child	
Date of birth	
Home address	
Postcode	
Religion	
Ethnic origin	
Nationality	
Language(s) spoken at home	
Languages heard at home	
Details of any special educational needs/disabilities	
How did you hear about Wirral Montessori Academy?	
Preferred start date	

### About your family

1. Parent/carer	
Title	
First name	
Surname	
Password	
Home address	
Postcode	
Home tel number	
Mobile	
Home email	
Work address	

Postcode	
Work tel number	
Work email	
Hours worked	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from setting <input type="checkbox"/> Contact in <input type="checkbox"/> emergency

2.Parent/carer	
Title	
First name	
Surname	
Password	
Home address	
Postcode	
Home tel number	
Mobile	
Home email	
Work address	
Postcode	
Work tel number	
Work email	
Hours worked	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from setting <input type="checkbox"/> Contact in <input type="checkbox"/> emergency
IF REQUIRED	
3.Parent/carer	
Title	
First name	
Surname	
Password	
Home address	

Postcode	
Home tel number	
Mobile	
Home email	
Work address	
Postcode	
Work tel number	
Work email	
Hours worked	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from setting <input type="checkbox"/> Contact in emergency <input type="checkbox"/>

### Other contacts

Contact one:			
Title			
First name			
Surname			
Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from setting <input type="checkbox"/>	Contact in emergency <input type="checkbox"/>	
Contact two:			
Title			
First name			
Surname			
Relationship to the child			
Password			
Address			

Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from setting	<input type="checkbox"/>	Contact in emergency <input type="checkbox"/>

### Medical details

Does your child have any allergies?	Yes / No (please circle)	
If yes, please give details of the cause, reaction and treatment		
Does your child have any special dietary requirements?	Yes / No (please circle)	
If yes, please give details		
Has your child had any of the following immunisations?  Please tick and date	Immunisation	Date of immunisation
	BCG	
	Diphtheria	
	HIB	
	MMR	
	Meningitis C	
	Poliomyelitis	
	Tetanus	
	Whooping cough	
Any other immunisations		
Name of GP		
Name of surgery		

Address	
Postcode	
Telephone number	
Health visitor details	
Name	
Address	
Postcode	
Telephone number	
Other agency details	
Name	
Address	
Postcode	
Telephone number	
Any other details that we should know about?	

**Sessions**

Please indicate your preferred sessions. For Montessori education, it is recommended that your child attends for at least 5 sessions per week (for 3-4 year olds we will incorporate your 15 government funded hours per week). Please note that the 15 'free' hours will start the term following your child's 3<sup>rd</sup> birthday.

Session	Mon	Tues	Wed	Thurs	Fri
Full day (8-5pm)					
Morning (8-12pm)					
Lunch (12-1pm)					
Afternoon (1-5pm)					

Do you require a place for term-time only? (Please circle) Yes / No

**Agreement**

I agree to abide by the terms and conditions and policies and procedures of Wirral Montessori Academy which I have read and fully understand.

Print name.....

Relationship to child .....

Signed ..... Date .....

Office use only

Input into academy administration system (tick when complete)  on (date) .....

Input by..... Position .....

Payment method .....

Actual start date .....

Permission slips received

Academy trips  agree/disagree

Emergency Consent  agree/disagree

Photographs  agree/disagree

**WIRRAL MONTESSORI ACADEMY**  
**Permanent session amendment form**

Please complete this form if you require a permanent amendment to your child's sessions at Wirral Montessori Academy.

As per our terms and conditions, one month's notice must be given if the number of sessions is to be reduced.

Please inform the academy manager as to the new sessions required.

Name of parent .....

Name of child .....

Start date for amended sessions:

.....

**Agreement**

I agree to abide by the terms and conditions and policies and procedures of Wirral Montessori Academy which I have read and fully understand.

Signed..... Date .....

Print name.....

Relationship to child .....

---

**Office use only**

Manager authorisation .....

Input into academy administration system (tick when complete)  on (date) .....

Input by ..... Position .....

---

**Office use only**

**Monitoring form**

Take up/usage		Ethnic origin	
1 – 15 hours per week		White	
16 – 30 hours per week		British	
31 – 50 hours per week		Irish	
		Traveller	
Work/training		Other	
Children in lone parent family			
A parent working full time (35 hours +)		Mixed	
A parent now working more than 16 hours		White and black Caribbean	
A parent now working less than 16 hours		White and black African	
A parent now in higher/further education		White and Asian	
A parent taking skills for life or step into learning		Other	
Parent(s) are not working/training			
		Asian or Asian British	
Financial support		Indian	
Parents access CTC		Pakistani	
Parents access WTC		Bangladeshi	
Parents access HE childcare access fund support		Kashmir	
Parents access Care 2 Learn support		Other	
Place sponsored by regeneration scheme e.g. SRB		Black or black British	
Financial support from employer		Caribbean	
Receipt of 2 year old funding		African	
Receipt of 3 and 4 year old funding		Other	
		Chinese	
Additional needs		Chinese	
Cognition and learning difficulty		Other	
Behaviour, emotional and social development needs			

Communication and interaction needs		Other	
Sensory and/or physical needs		Other ethnic group	
Other/combination of needs			