

CHIVES MONTESSORI SCHOOL ENROLMENT & CONTRACT

Child's full name		Date of Birth:	
Parents Name			
Address:			
Postcode:			
Phone/ Mobile:			
Email:			
Who has parental responsibility for your child?			
Anyone else who has permission to collect your child:			
Emergency Contact (name & telephone numbers):			
Password - to authorise emergency collection			
Sessions preferred:			
Start date:			
Term time or all year care?			
Doctors name, address and tel.			
Relevant medical history/services involvement: (birth issues, health concerns, speech therapy etc.) Food allergies incur a supplement. See over, point 11.			
Immunisation record:			
Other information about your child. (pets, worries, anxieties etc.):			
Child's Family (siblings)			

TERMS AND CONDITIONS OF ACCEPTANCE

1. I/we agree to pay a non-refundable registration fee of **£50** (£10 for subsequent children).
2. I/we have read and understood all the policy documentation regarding Chives Montessori School. This is forwarded to all families once enrolled and there is a copy in Reception.
3. I/we agree that my child may receive emergency medical advice or treatment (such as Piriton/Calpol) or being accompanied to Accident & Emergency, if deemed necessary.
4. I/we agree to a staff member applying named sun cream to our child if required.
5. I/we agree to our child being taken out on the farm as part of our daily activities.
6. I/we agree to pay fees in full each month, including the additional services once the child is in receipt of government funding.
7. There will be no refunds in the case of absence, inclement weather or National Bank holidays.
8. In exceptional circumstances the School reserves the right to ask the family to withdraw their child from the school. Should this occur, or if a child is withdrawn from the school without notice, there will be NO recovery of fees paid.
9. A month's notice, in writing, is required from parents wishing to withdraw their child from the school, for any reason. In lieu of such notice a months fees are payable.
10. I/we agree that there may be circumstances where information is shared with other professionals or agencies without my consent as stated in our Data Protection Policy.
11. I/we agree to pay a supplement for any food allergy or intolerance that requires the special preparation or omission of food.
12. I/we agree to our child's photograph being published on the school website and Blossom Educational observational assessments.

Please enrol my child at Chives Montessori School.

I have read and accept all the terms and conditions overleaf. I have read and understood the policy documentation and have included a copy of his/her birth certificate/passport and have paid the enrolment fee.

Signed (parent)

DATE

To complete the registration process, please enclose a photocopy of evidence of your child's date of birth (Birth Certificate, Passport or Medical Record) for Government Funding for 3 year olds.

Please pay the enrolment fee of £50 to secure the place.

Please pay via BACS - Account Number - 04599080, Sort Code - 30-94-55

Thank you.