



RAINBOW MONTESSORI SCHOOL NURSERIES
Application Form

Desired Term & Year of Entry	Spring <input type="checkbox"/> Jan – March	Summer <input type="checkbox"/> April- July	Autumn <input type="checkbox"/> Sept – Dec	Year
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NURSERY SESSIONS (Please tick your preferred sessions)

Nursery Sessions	Morning Session	Afternoon Session	Full Day
Nursery Session Times	08.30am -12.15pm	12.00pm – 03.15pm	08.30am -03.15pm
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Child's full name:		Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/> DD MM YYYY
Known by name:		Home Address:		
Nationality:		Ethnic Origin:	Religion:	
Spoken Languages:				
If English is not the primary language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Is your child currently attending a nursery setting? Yes <input type="checkbox"/> No <input type="checkbox"/>		Will your child be attending another nursery setting whilst at Rainbow? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Parent/Carer A:			
Surname:		Forename:	
Home address:		Postcode:	
Mobile Tel:		Home Tel:	
Work Tel:		Relationship to Child:	
Email:		Occupation:	
Are you the child's parent/legal guardian (Please tick box) <input type="checkbox"/>			

Parent/Carer B:			Tick if same address as Parent/Carer A <input type="checkbox"/>
Surname:		Forename:	
Home address:		Postcode:	
Mobile Tel:		Home Tel:	
Work Tel:		Relationship to Child:	
Email:		Occupation:	
Are you the child's parent/legal guardian (Please tick box) <input type="checkbox"/>			

Emergency Contact	
Surname:	Forename:
Relationship to Child:	

Health and medical details			
GP's name:		Practice name:	
Address:		Town/City:	
Postcode:		Telephone:	

	Yes	No	Comments
Are your child's immunisations up to date?			
Does your child have any medical conditions?			
Does your child have any dietary requirements (including food allergies, intolerances, preferences)?			
Other Information (e.g., diet, sibling history etc. Please state any special needs/difficulties your child may have? any other agencies working with your child? and/or family? This includes Educational/Psychological/Physical needs. If required, please provide details on a separate sheet)			

Rainbow Montessori School Nurseries would like to understand your preferences. Please tick and complete each question.

Education and setting information			
Short outings within the local community	Yes <input type="checkbox"/> No <input type="checkbox"/>	Child's first name to be included on displays and around the setting	Yes <input type="checkbox"/> No <input type="checkbox"/>
Day trips requiring transportation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Share with other providers or schools, information on your child including their learning and development	Yes <input type="checkbox"/> No <input type="checkbox"/>

Health and Wellbeing			
Permission for my child to be taken to hospital, admitted, and treated if necessary. <i>I understand that every attempt will be made to contact me first and that such measures would only apply if I am not available.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Emergency first aid and medical treatment	Yes <input type="checkbox"/> No <input type="checkbox"/>

Images Consent			
We often take pictures in our setting for various internal purposes and some of those pictures are likely to include your child. Please can you confirm if you are happy for us to store and use such images for the following:			
Use images and videos for child's digital online learning journey	Yes <input type="checkbox"/> No <input type="checkbox"/>	Use for external marketing purposes (Rainbow Montessori School website, leaflets, flyers, and prospectuses)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Use images and videos on our weekly blogs. Parent access only and password protected	Yes <input type="checkbox"/> No <input type="checkbox"/>	Use on social media platforms (Instagram & Facebook)	Yes <input type="checkbox"/> No <input type="checkbox"/>

By signing this application form and registration agreement, you acknowledge and accept the following: you have read the privacy notice and give your consent to the processing and transfer of the Personal Data. I agree that while at RMS to abide by the published School Policies & Parent Handbook available online via the school website www.rainbowmontessori.co.uk including any amendments / updates in force during my child's attendance at RMS. I agree to give one full term's written notice before removing my child from RMS or to pay the term's fee in lieu thereof, the deposit paid on enrolment will be retained towards payment of fees in lieu of sufficient notice. This is in accordance with the Rainbow Montessori School Registration Agreement.

ALL FORMS MUST BE SIGNED BY BOTH PARENT(S) AND/ OR LEGAL GUARDIAN(S).

Parent 1 Full Name _____ Parent 1 Signature _____ Date _____

Parent 2 Full Name _____ Parent 2 Signature _____ Date _____

For office use only			
REGISTRATION FEE	<input type="checkbox"/>	DEPOSIT	<input type="checkbox"/>
DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STARTER PACK SENT	<input type="checkbox"/>	DATE	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ID CHECKED	<input type="checkbox"/>	DATE	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Rainbow Montessori School™

Registration Agreement

Full Name of child:

Term of Entry Spring Summer Autumn Year

Nursery Site West Hampstead Nursery

Queens Park Nursery

1. I/we agree to pay the sum of £360.00 to be held by the Rainbow Montessori School (RMS). The £360.00 consists of a £60.00 non-refundable registration fee and a £300.00 deposit. The said sum of £300.00 will be deducted from my/our child's final term's fees subject to the following:

1.1 The said sum of £300.00 will be repaid to me/us in its entirety unless I/we have failed to give RMS one term's written notice before removing my/our child from the school.

1.2 If I/we fail to give one term's written notice, I/we understand that I/we will be liable to pay one term's fees in lieu of notice and that the said sum of £300.00 will be retained by RMS towards payment of such fees.

2 Any offer of a place is based on and subject to full disclosure by you of all information required on the Registration Form. Any change in the information supplied must be notified in writing to RMS prior to the place being taken up.

3 This agreement is subject to acceptance of and compliance with our School Policies as stated in our Parent Handbook, available on our website. Where a breach of our policies results in the withdrawal of a place, the school will not be held liable including for any fees or costs arising.

4 No verbal indication to or from any member of staff shall constitute a legal agreement between the school and yourselves.

5 Any amendment to terms and conditions above may only be authorised in writing by the Director. Your acceptance of the foregoing conditions constitutes a legal agreement between RMS and yourselves. The terms and conditions above constitutes a legal agreement between Rainbow Montessori School and yourselves both individually and severally.

PLEASE COMPLETE & RETURN WITH £360.00 TO SECURE YOUR PLACE

BANK TRANSFER MADE PAYABLE TO 'RAINBOW MONTESSORI
BARCLAYS BANK SORT CODE: 20-36-16 ACCOUNT: 73267482

ALL FORMS MUST BE SIGNED BY BOTH PARENT(S) AND/ OR LEGAL GUARDIAN(S).

Parent 1 Full Name _____ Parent 1 Signature _____ Date _____

Parent 2 Full Name _____ Parent 2 Signature _____ Date _____

For office use only

£360.00 Received Date Received

Refund issued Y.....N..... Date Refund issued