

**OFFICIAL USE ONLY**

Reg. Fee:  
Schedule:  
Deposit:  
Start Date:



**PHOENIX MONTESSORI PLAYGROUP**

**27 Stamford Hill, London N16 5TU**

Telephone: (020) 8880 2550 / Email: [phoenixn16@yahoo.co.uk](mailto:phoenixn16@yahoo.co.uk)

Website: [www.phoenix-nursery.co.uk](http://www.phoenix-nursery.co.uk)

**REGISTRATION FORM**

6 months– 5 years.

**CHILD'S DETAILS**

Name of child: ..... Also known as: .....

Date of birth: ..... Sex: M / F Religion: .....

Home address: .....

Post code: ..... Tel.No: .....

**PARENTS (OR GUARDIANS) DETAILS**

1. Name: ..... Relationship to child: .....

Home address: .....

Post code: .....

Work Tel No: ..... Extension: ..... Mobile No: .....

Occupation: .....

Email address: .....

2. Name: ..... Relationship to child: .....

Home address: .....

Post code: .....

Work Tel No: ..... Extension: ..... Mobile No: .....

Occupation: .....

Email address: .....

**Who to contact first in case of an emergency:** .....

**PARENT INFORMATION:**

Are you alone parent: YES / NO

Are you receiving tax credit: YES / NO

Do you receive child care vouchers: YES / NO. The name of the voucher company: .....

Are you in: Full or Part time Education / Full or Part time Employment.

**HEALTH INFORMATION:**

**To be completed by a Phoenix Staff member:**

**PLEASE BRING YOUR RED BOOK & A COPY OF THE CHILD'S BIRTH CERTIFICATE.**

<b>Name of staff who saw the Red book:</b>	<b>Date:</b>
<b>Health visitor's name:</b>	<b>Contact number:</b>
<b>Home address confirmation check:</b>	<b>Yes [ ] No [ ]</b>

**To be completed by the parent:**

<b>Immunisations the child has had and dates:</b>
<b>Date of next immunisation and what immunisation is due:</b>
<b>Health concerns / requirements:</b>
<b>Is your child potty trained:</b> Pants / Knickers [ ] Pull ups [ ] Nappies [ ]

**DIET NEEDS:**

<b>Dietary requirements / Known allergies:</b>
<b>Parents preferences (e.g. no sweet desserts, party treats, etc.)</b> As apart of the Eat better start better scheme please note yoghurts are fruit based. These are not part of our sweet desserts. Please indicate if you do not wish your child to have this.

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**DOCTORS INFORMATION:**

<b>Name of doctor:</b>	<b>Contact number:</b>
<b>Surgery address:</b>	<b>Email address:</b>

**FAMILY BACKGROUND:**

<b>Family background / Nationality:</b>
<b>Spoken languages:</b>
<b>Religious festivals you celebrate or participate in:</b>
<b>List of people who live with your child:</b>

**ADDITIONAL ADULTS WHO MAY COLLECT MY CHILD:**

Please note that we will not allow anyone under the age of 16 to collect your child from the premises.

<b>Name:</b>	<b>Contact number:</b>	<b>Relationship to child:</b>	<b>Description:</b>	<b>Password:</b>

**REQUIRED SCHEDULE:**

I / We would like our child to be considered for a place as per the following schedule:

Official start date: ..... Schedule {days}.....  
The hours being: 9am to 12noon [ ] 9:30am to 2:30pm [ ]

The induction process will be a week before the official start date. Please ensure you are available to stay on the premises for the induction process which will be from 9:30am to 11:00am.

**DEPOSIT INFORMATION:**

The setting requires a registration fee of £20.00, with this registration form, this payment is non-refundable if you do not wish to take the place.

We also require a deposit of £150.00, if I wish for my child to attend 9:30am to 2:30pm; the first payment due is £50.00 with this registration form, please note this is non-refundable if you decide not to take a place. The remaining £100.00 is due at the start of my child's induction.

We also require a deposit of £100.00, if I wish for my child to attend 9:00am to 12noon; the first payment due is £25.00 with this registration form, please note this is non-refundable if you decide not to take a place. The remaining £75.00 is due at the start of my child's induction.

The full deposit will be refunded once you have provided the setting with four weeks written notice that your child will be leaving the setting.

Please note that your child will need to start the setting in order for the deposit to be refunded in full.

**Please tick below.**

{ } I agree to the terms and conditions above and have enclosed £70.00. [9am to 2:30pm] or

{ } I agree to the terms and conditions above and have enclosed £45.00 [9am to 12noon]

Signature(s) 1 ..... Date.....

Print Name 1..... Date.....

Signature(s) 1 ..... Date.....

Print Name 1..... Date.....