



Wimbledon Montessori Registration form

Please fill in the below form about your child.

Full Name of child			
Name he is called at home			
Address			
Date of birth		Nationality	
Male/Female		Language spoken at home	
Does your child have any distinguishing marks?		Does your child have any allergies?	
Does your child have any on-going medication?		Does your child have any additional educational needs?	
Has your child had the following jabs?	8 weeks 16 weeks Preschool booster	12 weeks MMR TB	Toilet requirements Potty Trained Nappies
Health visitors name/address of surgery			

Your child

What does your child like playing with?	
Can your child talk?	Individual words Sentences
Can your child hold a pencil?	
Does your child know any colours?	
Does your child know any shapes?	
Can your child count from 1-5?	
Anything else your child can do that you think we should know?	
Who lives at home? Mum, dad, sisters, brothers	

Parents

Mother full name			
Occupation		Nationality	
Home/work tel		Mobile no	
Email Address			
Fathers full name			
Home/work tel		Mobile no	
Occupation		Nationality	
Email Address			

Sessions

Please tick below what sessions you would like to do. For child aged 3yrs you need to do 5 mornings a week. For children aged 2 years you can either do 5 mornings, 3 mornings (Mon- Weds) or 2 mornings (Thurs-Fri).

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Sharing Contact Details:

Every year we do a class list with all the parents contact details on and children’s names and DOB’s so parents can arrange play dates and share birthday parties. Due to the new GDPR rules we would need your consent to share your details with the other parents. Please sign below if you are happy for your contact details and children’s name and DOB to be shared with the other parents at school.

Signature:

Date: