



Hillcrest Montessori Nursery School

42 FRYSTON AVE COULSDON SURREY CR5 2PT 020 8763 6284

website: www.hillcrest-montessori.org.uk

email: hillcrestmontessori@yahoo.co.uk

Enrolment form

If you would like to register your child for a place at HILLCREST MONTESSORI NURSERY SCHOOL, please complete this form and return it to the school, When we are able to offer your child a place, we will do so in writing, and we will then ask you to pay a refundable deposit of 75% of the month's/term's fees (if applicable).

Child's full name:	
Date of birth:	Sex:
Address:	
Post code:	Telephone no:
Email:	
Religion:	Child's first language:
Ethnic origin: (to monitor equal opportunities policy)	
Mother's full name:	
Occupation:	Work tel. no.:
Home tel. no.:	MOBILE:
Father's full name:	
Occupation:	Work tel. no.:
Home tel. no.:	MOBILE:
Emergency contact names, address and tel. no. (friend or grandparent)	
1.	
2.	
Person/s to collect child:	
Doctor's name:	Tel. no.:
Address:	
Health visitor's name:	Tel. no.:
SPECIAL NEEDS/DIET RESTRICTIONS/ALLERGIES (incl. plaster):	
Proposed start date:	Days preferred:
Preferred sessions: Monday 9am-12pm	Monday 12pm-3pm
Wednesday 9am-12pm	Wednesday 12pm-3pm
Friday 9am-12pm	Friday 12pm-3pm
I wish to pay nursery fees per term (3 terms a year) / per month (11 months):	
Signature:	
FOR OFFICE USE ONLY	
Date received:	Offer sent on: