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| **Children's Registration Form** |

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| Primary Contact Details |

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| Parent/Carer Title  |

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| Mr / Mrs / Ms /Miss / Dr |

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| First Name |

 |  |  |  |  | Carl;a |

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| (Delete as appropriate) |

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| Surname |

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| Relationship To Child |

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| Home Tel No |

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| Work Tel No |

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| Bill Payer? |

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| Parental Responsibility? |

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| Child Details |

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| First Name |

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| Date of Birth |

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| Middle Name |

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| Known Name |

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| Doctor's Name |

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| Other Contacts  |  |
| Name :  |  |  |
| Address :  |  |  |
| Home Tel No:  |  |  |  |
| Work Tel No: |   |  |
|  Email:  |  |  |
| Relationship to Child:  |  |  |
| Security Password:  |  |  |
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| --- | --- | --- | --- |
|  Emergency Contact? | Bill Payer? | Parental Responsibility? | Authorised Pick-Up? |
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|  | Name :  |  |  |
|  | Address :  |  |  |
|  | Home Tel No: |  |  |  |
|  | Work Tel No:  |  |  |
|  | Email: |  |  |
|  | Relationship to Child:  |  |  |
|  | Security Password:  |  |  |
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| Name : |  |  |
| Address : |  |  |
| Home Tel No: |  |  |  |
| Work Tel No: |  |  |
| Email: |  |  |
| Relationship to Child: |  |  |
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|  | Name : |  |  |
|  | Address : |  |  |
|  | Home Tel No: |  |  |  |
|  | Work Tel No: |  |  |
|  | Email: |  |  |
|  | Relationship to Child: |  |  |
|  | Security Password: |  |  |
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|  Emergency Contact? | Bill Payer? | Parental Responsibility? | Authorised Pick-Up? |
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| Personal Details |

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| --- |
| Please tick all relevant boxes which are applicable to your child. |

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| **Hair Colour:** |
|  | Black  |
|  |  |
|  | Blonde  |
|  |  |
|  | Dark Brown  |
|  |  |
|  | Light Brown  |
|  |  |
|  | Red  |
|  |  |

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| --- |
| **Eye Colour:** |
|  | Blue |
|  |  |
|  | Brown |
|  |  |
|  | Green |
|  |  |
|  | Hazel |
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| --- |
| **Nationality:** |
|  | African |
|  |  |
|  | American |
|  |  |
|  | Australian |
|  |  |
|  | Brazilian |
|  |  |
|  | British |
|  |  |
|  | Canadian |
|  |  |
|  | Chinese |
|  |  |
|  | Dual Nationality |
|  |  |
|  | Dutch |
|  |  |
|  | French |
|  |  |
|  | German |
|  |  |
|  | Indian |
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|  | Irish |
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|  | Japanese |
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|  | Polish |
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|  | Portuguese |
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|  | Spanish |
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| --- |
| **Language :** |
|  | Chinese |
|  |  |
|  | Creole |
|  |  |
|  | Creole / English |
|  |  |
|  | Dutch |
|  |  |
|  | English |
|  |  |
|  | Esperanto |
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|  | French |
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|  | German |
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|  | Greek |
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|  | Italian |
|  |  |
|  | Japanese |
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| **Religion:** |
|  | Baptist |
|  |  |
|  | Buddhist |
|  |  |
|  | Catholic |
|  |  |
|  | Christian |
|  |  |
|  | Church Of England |
|  |  |
|  | Church Of Scotland |
|  |  |
|  | Hindu |
|  |  |
|  | Islam |
|  |  |
|  | Jehovah Witness |
|  |  |
|  | Jewish |
|  |  |
|  | Methodist |
|  |  |
|  | Muslim |
|  |  |
|  | None |
|  |  |
|  | Shinto |
|  |  |
|  | Sikh |
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| --- |
| **Ethnicity:** |
|  | Asian Bangladeshi |
|  |  |
|  | Asian Indian |
|  |  |
|  | Asian Other |
|  |  |
|  | Asian Pakistani |
|  |  |
|  | Black African |
|  |  |
|  | Black African Other |
|  |  |
|  | Black African Somali |
|  |  |
|  | Black Caribbean |
|  |  |
|  | Black Other |
|  |  |
|  | Chinese |
|  |  |
|  | Declined |
|  |  |
|  | Greek Or Greek Cypriot |
|  |  |
|  | Gypsy/Roma |
|  |  |
|  | Irish |
|  |  |
|  | Mixed Other |
|  |  |
|  | Mixed White And Asian |
|  |  |
|  | Mixed White And Black African |
|  |  |
|  | Mixed White And Black Caribbean |
|  |  |
|  | Not Obtained |
|  |  |
|  | Other |
|  |  |
|  | Unknown |
|  |  |
|  | White British |
|  |  |
|  | White European |
|  |  |
|  | White Other |
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| Other Details |

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| --- |
| Please tick all relevant boxes which are applicable to your child. |

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|  |
| --- |
| **Medical:** |
|  | Asthma |
|  |  |
|  | Cleft Lip |
|  |  |
|  | Cleft Lip, Special Drink Container |
|  |  |
|  | Diabetes |
|  |  |
|  | Diptheria |
|  |  |
|  | Downs Syndrome |
|  |  |
|  | Eczema |
|  |  |
|  | Eye Problems, Long/Short Sighted |
|  |  |
|  | Febrile Convulsions |
|  |  |
|  | Grommets |
|  |  |
|  | Hernia In Testicles |
|  |  |
|  | Pyloric Stenosis |
|  |  |
|  | Refer To Registration |
|  |  |
|  | Sensitive Skin |
|  |  |
|  | Slight Speech Problems |
|  |  |
|  | Tetanus |
|  |  |

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| --- |
| **Allergies:** |
|  | Bananas |
|  |  |
|  | Beef |
|  |  |
|  | Butter |
|  |  |
|  | Cotton Wool |
|  |  |
|  | Cows Milk |
|  |  |
|  | Eggs |
|  |  |
|  | Fish |
|  |  |
|  | Lactose |
|  |  |
|  | Lamb |
|  |  |
|  | Nuts |
|  |  |
|  | Oranges |
|  |  |
|  | Penicillin |
|  |  |
|  | Pollen |
|  |  |
|  | Pork |
|  |  |
|  | Soap Powder |
|  |  |
|  | Soya |
|  |  |
|  | Strawberries |
|  |  |
|  | Sugar |
|  |  |
|  | Vegan |
|  |  |
|  | Wheat |
|  |  |

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| **Permissions:** |
|  | Administer Calpol |
|  |  |
|  | Baby Bath |
|  |  |
|  | Emergency Medical Attention |
|  |  |
|  |   |
|  |  |
|  | Hairwash |
|  |  |
|  | Medication |
|  |  |
|  | Nail Cut |
|  |  |
|  | Nappy Cream |
|  |  |
|  | Outings |
|  |  |
|  | Photos |
|  |  |
|  | Sudocreme |
|  |  |
|  | Sun Cream |
|  |  |
|  | Facebook |
|  |  |
|  | Web Site |
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| **Had** |  | **Immunised** | **Illnesses:** |
|  |  |  | Chicken Pox |
|  |  |  |  |
|  |  |  | Diptheria |
|  |  |  |  |
|  |  |  | Hayfever |
|  |  |  |  |
|  |  |  | HIB |
|  |  |  |  |
|  |  |  | Measles |
|  |  |  |  |
|  |  |  | Meningitus C |
|  |  |  |  |
|  |  |  | Mumps |
|  |  |  |  |
|  |  |  | Polio |
|  |  |  |  |
|  |  |  | Rubella |
|  |  |  |  |
|  |  |  | Scarlet Fever |
|  |  |  |  |
|  |  |  | Tetanus |
|  |  |  |  |
|  |  |  | Whooping Cough |
|  |  |  |  |

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| **Dietary:** |
|  | Halal Only |
|  |  |
|  | Lactose Intolerant |
|  |  |
|  | No Bananas |
|  |  |
|  | No Butter |
|  |  |
|  | No Cows Milk |
|  |  |
|  | No Dairy Products |
|  |  |
|  |  |
|  | No Eggs |
|  |  |
|  | No Fish |
|  |  |
|  | No Lamb |
|  |  |
|  | No Nuts |
|  |  |
|  | No Oranges |
|  |  |
|  | No Pork |
|  |  |
|  | No Soya |
|  |  |
|  | No Strawberries |
|  |  |
|  | No Sugar |
|  |  |
|  | No Wheat |
|  |  |
|  | Vegan |
|  |  |
|  |  |
|  | Vegetarian |
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|  |  |  | I/We request the following sessions (please also provider details of required start date)

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|   |

**Terms & Conditions**1. Bills for nursery care are due for payment by the 1st of each month, in advance by standing order only or BACS transfer. We no longer accept cash or cheques.

2. With the exception of the first and last month where actual fees will be charged, monthly fees are calculated at the weekly charge multiplied by 4.25 – This equates to 51 weeks divided by 12 which will enable you to pay via standing order. 3. Additional sessions will be added to the following month’s bill.4. Please note that due to additional staffing costs, late child collections will be charged at £10.00 per 1/4 hour.5. No swap sessions are allowed as are no deductions made for any absenteeism, i.e. holidays, sickness etc. Bank Holidays are chargeable.6. All meals, snacks and nappies are included 7. In the interest of Health & Safety parents are to provide baby formula and bottles.8. On leaving one calendar month’s notice in writing is required; failure to give the required notice will incur the full month’s fees.9. If you wish to increase or decrease your child’s sessions one calendar months’ notice is required in writing.10. Additional sessions are to be requested in writing to hello@steppingstonesmontessori.co.uk11. Fees are based on the child’s age and will change the month after the child’s birthday.12. Late payments will incur an interest charge of 2% or an administration fee of £20 (whichever is the higher).

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| --- |
| I/We agree that this information is up to date and accurate and accept that it is my responsibility to inform the nursery immediately of any changes to this information. I/We agree to the terms and conditions of Stepping Stones Montessori Childcare Ltd.I/We understand that fees are due in advance by Standing Order. We do not accept cheques or cash.I/We agree to pay £100 refundable deposit and £75 registration fee.The bank details are: Account Name: Stepping Stones Montessori Childcare Ltd. Sort code: 09-01-29Account number: 36545591 |

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| Signature |

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| Date |

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| Print Name |

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