**OJAL MONTESSORI SCHOOL (est. 1971)**

Address: All Hallows Church Hall, Horsenden Lane North, Greenford, Middlesex, UB6 0PD

[www.ojalmontessori.com](http://www.ojalmontessori.com) | [info@ojalmontessori.com](mailto:info@ojalmontessori.com) | 020 3488 2877, 07813 493117

**Registration Form**

Thank you for registering your interest in enrolling your child at Ojal Montessori School. We look forward to supporting your child as they blossom and develop in the Montessori environment prepared for your child.

Please could you complete this form electronically on Microsoft Word (instructions are detailed below) ensuring all relevant fields are entered accurately.

Instructions to complete this form:

This is an electronic form to be completed on Microsoft Word. When completing this form, please ensure it remains in the ‘Protected’ mode for ease of completion. You would have received this form already in ‘Protected’ mode and so it will remain ‘Protected’ unless if clicked otherwise in the Developer tab of Microsoft Word. Please note, in completing this form, you should not need to change anything in the Developer tab. You should only need to type in the requested information or mark the square-shaped check box where appropriate.

In all areas where you are requested to type the relevant information, please click within the grey coloured boxes and begin typing. The grey box will expand as large as is required to fit in the information you type in.

In all sections where a ‘Yes’/’No’ response is required, please simply click on the square-shaped check box next to ‘Yes’ or ‘No’ as appropriate and the system will insert an X mark. If you would like to change your response, please re-click the square-shaped check box to remove the X mark and click the correct check box as appropriate. When selecting the gender of your child, please click the ‘Select Gender’ drop-down box and choose the necessary gender.

***For any italicised text in blue font, please leave this for the Montessori Directresses at Ojal Montessori School to complete upon the receipt of this form and the relevant information.***

Please note, we will require hand signatures to be made on a hard copy of this form. Therefore, after completing this form (Ojal Montessori School 2020-2021 Admission Form), please email us a digitally-completed (typed up) version of this form and simply type in the signer’s name in BLOCK CAPITALS in the designated areas for signatures. Following this, before your child is officially enrolled at Ojal Montessori School, please also bring a printed (hard) copy of this form with the designated boxes for the hand signature remaining empty. We will then kindly request you to hand-sign the forms with us at Ojal Montessori School. During this visit, please also bring along with you the 2020-2021 Registration Form and your child’s birth certificate to complete the enrolment process.

Upon completion, please save the form with the name/title: “***YOUR CHILD’S FULL NAME* REGISTRATION FORM**” and email this completed **Registration Form** to [info@ojalmontessori.com](mailto:info@ojalmontessori.com). Thank you.

If you have any questions, please reach out to us at [info@ojalmontessori.com](mailto:info@ojalmontessori.com) or on 020 3488 2877 or 07813 493117.

**Child’s details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s first name(s) | | | | | |  | | | | | | | Surname | | | |  | | |
| Name known as | | | | | |  | | | | | | | | | | | | | |
| Child’s full address | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Gender |  | | | | | | Date of Birth | | | |  |  | | | | | | | |
| Birth certificate number  ***For Ojal Montessori School to fill in:***  ***Child’s birth certificate seen and copy made: Yes***  ***No***  **Family details**  Name of parent(s)/carer(s) with whom the child lives:  Parent/Carer 1:  Parent/Carer 2:  Parent/Carer 3:  Parent/Carer 4: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| *Contact details 1 (including emergency information):* | | | | | | | | | | | | | | | | | | | |
| Parent/carer full name | | | | | | | | |  | | | | | | | | | | |
| Relationship to child | | | | | | | | |  | | | | | | | | | | |
| Daytime/work telephone | | | | | | | | |  | | | | | | Mobile | | |  | |
| Home telephone | | | | | | | | |  | | | Email | | | |  | | | |
| Home address | | | | | | | | |  | | | | | | | | | | |
| Work address | | | | | | | | |  | | | | | | | | | | |
| Does this parent have parental responsibility for the child? Yes  No | | | | | | | | | | | | | | | | | | | |
| *Contact details 2 (including emergency information):* | | | | | | | | | | | | | | | | | | | |
| Parent/carer full name | | | | | | | | |  | | | | | | | | | | |
| Relationship to child | | | | | | | | |  | | | | | | | | | | |
| Daytime/work telephone | | | | | | | | |  | | | | | | Mobile | | |  | |
| Home telephone | | | | | | | | |  | | | Email | | | |  | | | |
| Home address | | | | | | | | |  | | | | | | | | | | |
| Work address | | | | | | | | |  | | | | | | | | | | |
| Does this parent have parental responsibility for the child? Yes  No | | | | | | | | | | | | | | | | | | | |
| *Contact details 3 (including emergency information):* | | | | | | | | | | | | | | | | | | | |
| Parent/carer full name | | | | | | | | |  | | | | | | | | | | |
| Relationship to child | | | | | | | | |  | | | | | | | | | | |
| Daytime/work telephone | | | | | | | | |  | | | | | | Mobile | | |  | |
| Home telephone | | | | | | | | |  | | | Email | | | |  | | | |
| Home address | | | | | | | | |  | | | | | | | | | | |
| Work address | | | | | | | | |  | | | | | | | | | | |
| Does this parent have parental responsibility for the child? Yes  No | | | | | | | | | | | | | | | | | | | |
| **Other person(s) with legal contact** *To be completed where those persons with parental responsibility are separated and an S8 Order is in place.* | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | |
| Contact telephone numbers [please separate the numbers with a comma ( **,** ) ] | | | | | | | | | |  | | | | | | | | | |
| Relationship to child | | | | | |  | | | | | | | | | | | | | |
| What are the contact arrangements that Ojal Montessori School needs to be aware of? | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Emergency contact details if parents are not available** *Emergency contacts must be based locally to Ojal Montessori School.* | | | | | | | | | | | | | | | | | | | |
| *Contact 1* - Name | | | |  | | | | | | | | | | | | | | | |
| Relationship to child | | | | |  | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | |
| Daytime/work telephone | | | | | | | |  | | | | | | | | | | | |
| Home telephone | | |  | | | | | | | | | | | Mobile | | | | |  |
| *Contact 2* - Name | | | |  | | | | | | | | | | | | | | | |
| Relationship to child | | | | |  | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | | | | |
| Daytime/work telephone | | | | | | | |  | | | | | | | | | | | |
| Home telephone | | |  | | | | | | | | | | | Mobile | | | | |  |

**Persons other than parent(s) authorised to collect the child** *Must be over 16 years of age. Please note that if the authorised person is not the person indicated on the daily signing in/out sheet, a member of the Ojal Montessori School team will check before releasing the child.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Person 1* - Name | | |  | | | | |
| Relationship to child | | |  | | | | |
| Address |  | | | | | | |
| Daytime/work telephone | | | |  | | | |
| Home telephone | |  | | | | Mobile |  |
| *Person 2* - Name | | |  | | | | |
| Relationship to child | | |  | | | | |
| Address |  | | | | | | |
| Daytime/work telephone | | | |  | | | |
| Home telephone | |  | | | | Mobile |  |
| *Person 3* - Name | | |  | | | | |
| Relationship to child | | |  | | | | |
| Address |  | | | | | | |
| Daytime/work telephone | | | |  | | | |
| Home telephone | |  | | | | Mobile |  |
| Password for the collection of child by authorised persons | | | | |  | | |

**About your child**The following information will tell the Montessori Directresses at Ojal Montessori School a little more about your child. As your child settles with us, we will establish their starting points through observation and further conversation with you.

Does your child have previous experience of attending a childcare setting? If so, please specify which setting, the duration they were at the setting:

|  |
| --- |
| Setting Name:  Duration of attending the previous setting:  Reason for leaving the previous setting: |

**Health and development**

Has your child received the following immunisations?

***Please confirm and provide date of immunisations given. (Please refer to the red book to confirm)***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Two months old** | 6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). | | | | Yes  No | | | Date: | | | |  |
|  | Pneumococcal (PCV) vaccine. | | | | Yes  No | | | Date: | | | |  |
|  | Rotavirus vaccine. | | | | Yes  No | | | Date: | | | |  |
| **Three months old** | 6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). | | | | Yes  No | | | Date: | | | |  |
|  | Meningitis C vaccine. | | | | Yes  No | | | Date: | | | |  |
|  | Rotavirus, second dose. | | | | Yes  No | | | Date: | | | |  |
| **Four months old** | 6-in-1 (DTaP/IPV/Hib) vaccine - diphtheria, hepatitis B, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). | | | | Yes  No | | | Date: | | | |  |
|  | Pneumococcal (PCV) vaccine, second dose. | | | | Yes  No | | | Date: | | | |  |
| **Between 12 and 13 months old** | Hib/Men C booster - Haemophilus influenza type b (Hib), forth dose and meningitis C, second dose. | | | | Yes  No | | | Date: | | | |  |
|  | MMR vaccine – mumps, measles and rubella. | | | | Yes  No | | | Date: | | | |  |
|  | Pneumococcal (PCV) vaccine, third dose. | | | | Yes  No | | | Date: | | | |  |
| **Two to three years** | Flu vaccine | | | | Yes  No | | | Date: | | | |  |
| **Three years and four months or soon after** | MMR vaccine, second dose – mumps, measles and rubella. | | | | Yes  No | | | Date: | | | |  |
|  | 4-in-1 (DTaP/IPV) pre-school booster - diphtheria, tetanus, pertussis (whooping cough) and polio. | | | | Yes  No | | | Date: | | | |  |
| ***For Ojal Montessori School to fill in:***  ***Has the child’s health record book been seen to confirm immunisation dates? Yes***  ***No*** | | | | | | | | | | | | |
| Does your child have any on-going medical conditions? If so, please specify: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| If yes, please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Does your child require a health care plan? Yes  No | | | | | | | | | | | | |
| Is your child known to have any allergies or food intolerances? If so, please specify: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| *A risk assessment will be completed and kept on the child’s file for any known allergies or food intolerance as mentioned above.* | | | | | | | | | | | | |
| What are your child’s dietary requirements? Please specify: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| *It is our usual practice to provide a vegetarian option. If this is not in-keeping with your child’s dietary requirements, please discuss this with one of our team members prior to you child attending Ojal Montessori School to ensure that we are working in partnership to meet your child’s needs. Please refer to our Food and Drink Policy.* | | | | | | | | | | | | |
| If your child is aged **three years or over**, does he or she have difficulty with any of the following: | | | | | | | | | | | | |
| Speaking and communicating | | | | | Yes |  | | | No |  | | |
| Listening and attending | | | | | Yes |  | | | No |  | | |
| Understanding simple instructions | | | | | Yes |  | | | No |  | | |
| Eating and drinking | | | | | Yes |  | | | No |  | | |
| Sitting and sharing a book | | | | | Yes |  | | | No |  | | |
| Walking and climbing | | | | | Yes |  | | | No |  | | |
| Rolling a ball | | | | | Yes |  | | | No |  | | |
| Holding a crayon | | | | | Yes |  | | | No |  | | |
| Socialising with adults and other children | | | | | Yes |  | | | No |  | | |
| Using the toilet | | | | | Yes |  | | | No |  | | |
| Putting on their shoes and socks | | | | | Yes |  | | | No |  | | |
| Any other concerns: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Does your child have any special needs or disabilities? If so, please specify: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Are any of the following in place for the child? | | | | | | | | | | | | |
| SEN action plan: Yes  No | | | | |  |  | | |  |  | | |
| Education, Health and Care Plan: Yes  No | | | | |  |  | | |  |  | | |
| What special support will he/she require at Ojal Montessori School? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| ***Two year old progress check*** *– children aged 24 – 36 months* | | | | | | | | | | | | |
| If your child is aged between 24-36 months, has a two-year-old progress check already been completed for your child? Yes  No | | | | | | | | | | | | |
| Name of setting completing check | |  | | | | | Date of check | | | |  | |
| As per the requirements of the Early Years Foundation Stage, we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and will discuss it with you. | | | | | | | | | | | | |
| *Cultural background* | | | | | | | | | | | | |
| How would you describe your child's ethnicity or cultural background? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| What is the main religion in your family (if applicable)? | | | |  | | | | | | | | |
| Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is at Ojal Montessori School? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| What language(s) is/are spoken at home? | | |  | | | | | | | | | |
| If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? | | | | | Yes |  | | | No |  | | |
| Does your child need a bilingual support plan? | | | | | Yes |  | | | No |  | | |
| If so, discuss and agree with the key person how we can work together to support your child when settling-in at Ojal Montessori School: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| *General information* | | | | | | | | | | | | |
| What is your child’s usual sleep pattern? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Does your child have a feeding routine (for children under 2 years)? | | | | | Yes |  | | | No |  | | |
| Does your child have any food preferences? | | | | | Yes |  | | | No |  | | |
| Does your child have a pacifier i.e. dummy or thumb? | | | | | Yes |  | | | No |  | | |
| Does your child have a special toy or object they might bring with them? | | | | | Yes |  | | | No |  | | |
| What sort of things does your child enjoy doing at home, i.e. drawing or cooking? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| What other information is it important for us to know about your child? For example, what they like, or what fears they may have, or any special words they use. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

**Details of professionals involved with your child**

*GP*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | |  | Telephone |  |
| Address | |  | | |
|  | | | |

*Health Visitor (if applicable)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | |  | Telephone |  |
| Address | |  | | |
|  | | | |

*Social Care Worker (if applicable)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | |  | Telephone |  |
| Address | |  | | |
|  | | | |
| What is the reason for the involvement of the social care department with your family? *NB If the child has a child protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in the child's file.* | | | | |
|  | | | | |

*Dentist (if applicable)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | |  | Telephone |  |
| Address | |  | | |
|  | | | |

*Any other professional who has regular contact with the child*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name 1 |  | Role |  | |
| Agency |  | Telephone | |  |
| Address |  | | | |
| Name 2 |  | Role |  | |
| Agency |  | Telephone | |  |
| Address |  | | | |
| Name 3 |  | Role |  | |
| Agency |  | Telephone | |  |
| Address |  | | | |

For the following section, please note, we will require hand signatures to be made on a hard copy of this form.

Therefore, after completing this form (Ojal Montessori School 2020-2021 Registration Form), please email us a digitally-completed (typed up) version of this form and simply type in the signer’s name in BLOCK CAPITALS in the designated areas for signatures. Following this, before your child is officially enrolled at Ojal Montessori School, please also bring a printed (hard) copy of this form with the designated boxes for the hand signature remaining empty. We will then kindly request you to hand-sign the forms with us at Ojal Montessori School. During this visit, please also bring along with you the 2020-2021 Admission Form and your child’s birth certificate and any other requested information to complete the enrolment process.

**General parental permissions**

*Emergency treatment declaration*

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by [the manager (or authorised deputy)/name of childminder] for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed |  | | Date |  |
| Printed name | |  | | |

*For inhalers/auto-injectors (e.g. Epipens) only*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | | |
| I give permission for       (name of person at School) to administer the inhaler/Epipen or Anapen (supplied by me) to | | | | | | | |
|  | | | | (name of child) after receiving appropriate training.] | | | |
| The named staff are: | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| Signed |  | | | Date |  |
| Printed name | |  | | | |
|  | | | | | |

*Teething gel (babies)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I give permission for teething gel (supplied by me) to be administered to | | | |  | |
| *(name of child*) when necessary - in accordance with manufacturer’s instructions - and for staff to record its use. | | | | | |
| Signed |  | | Date | |  |
| Printed name | |  | | | |

*Nappy cream*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I give permission for nappy cream (supplied by me) to be administered to | | | |  | |
| *(name of child*) when required, in accordance with manufacturer’s instructions. | | | | | |
| Signed |  | | Date | |  |
| Printed name | |  | | | |

*Paracetemol based medicine (e.g. Calpol or Sudafed)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I give permission for the Ojal Montessori School team members to administer paracetamol based products (e.g. Calpol) to       (name of child) in the case of a raised temperature and on the understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with Ojal Montessori School’s procedures on the administration of medicines. | | | | |
| Signed |  | | Date |  |
| Printed name | |  | | |

*Suncream*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I give permission for the Ojal Montessori School team members to administer hypoallergenic suncream (supplied by me) to       (*name of child*) when necessary and to record its use. | | | | |
| Signed |  | | Date |  |
| Printed name | |  | | |

*Short trip - general outings*

Your child will be taken out of our setting as part of the daily activities. The venues used are detailed here:

|  |
| --- |
| Nature walks on the premises, walks around the Church premises, visits to the neighbouring parks in the local area and occasional visits to local shops. |

|  |  |  |
| --- | --- | --- |
| I give permission for |  | (name of child) to take part in short trips or |

general outings. I understand that individual risk assessments are carried out for each type of trip or outing taken and are available for me to see as required. For any planned outings, I understand I will be informed and my specific consent obtained.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed |  | | Date |  |
| Printed name | |  | | |

*Photographs*

As part of the on-going recording of our curriculum and for children’s individual development records, our team members regularly take photographs of the children during their Montessori work/play. Only cameras supplied by the setting are used for this purpose, photographs taken are used for display and for your child’s records within the setting. We are happy to provide duplicate photos of your child to you if requested, [although this might incur a small charge to cover our costs]. We may also record events and activities on video. Photos/videos are stored on the setting’s computer only; we only store images during the period your child is with us. We keep a photographic record and short video recordings of the school’s activities for various purposes including Ofsted, observations, staff training and development, promotion of the school in newspapers and the internet etc. We will however not disclose the names of individual children in any promotional activity.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I give permission for | | |  | (name of child) to have her/his photo taken, or to be | | |
| videoed, as per the above conditions. | | | | | | |
| Signed |  | | | | Date |  |
| Printed name | |  | | | | |

*Animals*

We may occasionally have supervised visits of animals to Ojal Montessori School. We **do not** have any pets on site.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| We will ensure that the pets are healthy and fully inoculated, as appropriate, and that animals showing any signs of disease are treated. A risk assessment will be carried out for visiting animals, and parents informed. | | | | | | |
| Please state below any known allergies or aversion | | |  | | (name of child) has to animals: | |
|  | | | | | | |
| Signed |  | | | Date | |  |
| Printed name | |  | | | | |

**In the unlikely event of an emergency:**

Parents will be contacted and notified of the appropriate action being taken. The school reserves the right to call an ambulance if required.

**If the child is unwell:**

We should be grateful if parents refrain from sending their child to school if they are unwell or suffering from any contagious conditions as this may affect the welfare of the other children. If your child is unable to attend school, parents should telephone the school to advise of the reason of the absence from school. If your child is diagnosed with a contagious condition such as chicken pox, we should be grateful if you advise us immediately as we are obliged to share this information with other parents.

**Child collection:**

We are only able to release children to parents/ individuals known to the teachers. We therefore require advance notice if you require your child to be picked up by someone other the named individual(s) for example a grandparent or friend. Additionally, for the safety of your child we would advise that you introduce the person collecting your child to the school teachers.

We appreciate due to circumstances beyond their control e.g. traffic, parents are unable to collect their child on time. In such exceptional circumstances, we should be grateful if you would telephone the school to advise your estimated time of arrival. Please note the school closes at 3 pm and children should therefore be collected by this time the very latest.

If a parent is consistently late for the drop-off or collection of their child from the School, we may request the reason for this.

**Parent Consent**

Children undertake daily outdoor activities, including garden/nature exploration, local walks and trips to the nearby park. Please therefore provide appropriate seasonal clothing.

On occasions, the school may be required to discuss your child’s progress and development with other local authority departments such as special needs, speech therapists, etc.

**We agree to these above mentioned terms and conditions of the school.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signed |  | | Date |  |
| Printed name | |  | | |

**Key persons - Information for parents**

Each child joining the setting will have a key person appointed to them. It will be the key person’s responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to date. Your child’s key person may change as your child progresses through the setting. You will be notified of these changes. Your child’s key person is your first point of contact for anything you wish to discuss about your child.

|  |  |  |
| --- | --- | --- |
| Your child’s key person will be |  | |
| Your child’s ‘back up’ person will be | |  |

***To be completed by the key person/manager at Ojal Montessori School:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date starting at Ojal Montessori School** | | |  |  | |
| Please select the days and sessions you would like your child to attend Ojal Montessori School.  *Morning Session: 9am to 12pm (Healthy snack lunch provided)*  *Afternoon Session: 12pm to 3pm (Lunch time)*  *Full Day: 9am to 3pm*  Please note: If you are eligible for the 15 hours a week of NEG funding, Ojal Montessori School will make every effort to offer the days and times you request for your child. Please note, however this may not always be possible given the register at the School at the time.  If you are eligible for the 30 hours a week NEG scheme, this would entitle your child to attend Ojal Montessori School at subsidised fees for 5 full days a week.  Dates and Times of Attendance  **Morning Session: Afternoon Session: Full Day:**  Monday:  Tuesday:  Wednesday:  Thursday:  Friday: | | | | |
| Are any fees payable. If so, note here:  Has the settling-in process been agreed? Yes  No  Please note: As part of Ojal Montessori School’s settling-in process and in line with the policy, a child attends the School for up to an hour for the first week and gradually this time is increased according to how the child is adjusting to the new school environment without the primary carer present. We call this our trust-building settling-in period.  If so, please specify: | | | | | |
|  | | | | | |
| **Policies and procedures**  I have been provided with details of Ojal Montessori School’s early years prospectus for parents, and its policies and procedures. The policies and procedures have been explained to me, including the Information Sharing Policy, and I understand that there may be circumstances where information is shared with other professionals or agencies without my consent. | | | | | |
| Signed | |  | | Date |  |
| Printed name | |  | | | |
| Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify us of any changes as they arise. | | | | | |
| Parent Name | |  | | | |
| Signed | |  | | Date |  |
| I enclose the acceptance fee of £100 and a deposit of £100 or have electronically bank-transferred this amount, which is returnable on giving one term’s notice prior to my child leaving the school. Failure to give the required notice will result in losing the deposit. (Deposit is not required for recipients of the 2 year old NEG scheme).  I acknowledge the above and agree to the School’s terms and conditions of admission.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Signed |  | | Date |  | | Printed name | |  | | |   ***For Ojal Montessori School to fill in:*** | | | | | |
| ***Name of key person*** | |  | | | |
| ***Signed*** | |  | | ***Date*** |  | |
| ***Name of manager*** | |  | | | |
| ***Signed*** | |  | | ***Date*** |  | |
| ***Date of first review*** | |  | | | |

**Equalities monitoring form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Ethnicity* - *Gathered for monitoring purposes only. Parents are not obliged to complete this data.* | | | | |
| White British | |  | Pakistani |  |
| White Irish | |  | Indian |  |
| White other | |  | Asian other |  |
| Black British | |  | Chinese |  |
| Black African | |  | Chinese other |  |
| Black Caribbean | |  | White and Black Caribbean |  |
| Black Other | |  | White and Black African |  |
| Bangladeshi | |  | White and Black Asian |  |
| Other please state |  | | | |

A child’s learning difficulties and disabilities status should be recorded according to the following categories:

|  |  |
| --- | --- |
| No special educational need |  |
| SEN action plan |  |
| Education, Health and Care Plan |  |

***Providers should refer to the SEND Code of Practice for the Early Years (2014) for an explanation of the terms above.***