

## BETHNAL GREEN MONTESSORI: CHILD INFORMATION RECORD

### CHILD'S DETAILS

Gender	D.O.B	Forenames	Surname	Known as
M/F				

Main Home Address			
Second Address			
Ethnicity <i>(we are required to ask for this information)</i>			
Languages spoken at home		Religion	

### PARENTS' INFORMATION

	Parent	Parent	Guardian/other
Forename			
Surname			
Home Tel			
Mobile Tel			
Work Tel			
Email			
Parental Responsibility	Yes/NO	Yes/NO	Yes/NO

If parents live apart and both wish to receive school correspondence please indicate	YES
Who will normally collect child and relationship to child	
Previous Carer	Self Employed

### EMERGENCY CONTACTS (In addition to parents)

	Full name	Relationship to child	Address	Telephone
1.				
2.				

### MEDICAL HISTORY

Major Illnesses/Special Health Requirements	Allergies/Special Dietary Requirements	Injections (please list and date)
Family Dentist: Telephone: Address:	Has your child had the 2-year-old progress check with his/her health visitor? Date of health check:	

Family Doctor:

Telephone:

Address:

Name of Health Visitor:

Telephone:

*(Any sections that cannot be filled in now can be completed nearer the starting time.)*

*Continued.....*

*In order to place your child on our waiting list, please return completed form to:  
School Office, Bethnal Green Montessori, 68 Warner Place, London E2 7DA.  
(A £25 non-refundable administration fee is required for all fee-paying places.)*

**I wish for my child to be put on the waiting list for:**

- Main morning session 2.5 - 6 year olds (08:45 -12:00).  
 Full day 3-6 year olds place (08:45 – 15:00).

Preferred start date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Are you applying for a free place or a fee paying place\*?**

- A free place\*.  
 A fee paying place.

*\*Free places are only offered after all fee paying places have been filled, and at the discretion of the Principal. Free places for the 2s group are means tested by the Local Authority, up to 10% of 2s places are offered to fully funded children.*

**CONTRACT: THIS SECTION MUST BE SIGNED AND DATED**

*(The following permissions are mandatory i.e. we could not accept a child without this authorisation. Please tick.)*

- I give permission for the staff of Bethnal Green Montessori to take my child to hospital for treatment if necessary *(parents will always be contacted first if possible)*.
- I agree to uphold all school policies as a condition of my child's attendance at the school. *(as detailed in the prospectus which can be viewed in the school office)*.
- I give permission for Bethnal Green Montessori to take my child out on local interest walks to Hackney City Farm / Ravenscroft Park / Ion Square / other places of interest in the immediate neighbourhood of the school. These walks are risk-assessed and safeguarding procedures including suitable adult/child ratios are always in place.

Signed .....

Print .....

Date .....

*(The following permissions are voluntary. Please tick.)*

- I would like my child's name / parents' names/email address *(delete as required)* to be included in a Contact List which is given out to current families at the school to help promote social opportunities amongst the children.
- I consent to allow school staff to take photographs/short video sequences of my child during school activities, to use solely for education/publicity (including social media) purposes. *(All images used will be anonymous)*.
- I would like to include my child in the school photographer's annual visit so that pictures can be taken and made available to me for purchase at my choice as a memento of my child's time at the school.

Signed .....

Print .....

Date .....

*Thank you*

**FOR OFFICE USE:**

Registration Fee (*Fee Paying*)      Date .....      Amount .....      Letter .....

Birth Certificate (*ID check*) Date .....      By .....

Completed Parent Questionnaire      Date .....

Integrated review/  
Progress check      To arrange Y/N      Date.....

Copy of 2 year old health check      Date.....

Deposit for AMs (*Fee Paying*)      Date .....      Amount .....

Start 2.5 -6's AMs      Date .....

Leaving date      Date .....

Notes

*Updated January 2020*

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<sup>i</sup> This information will be held securely and processed according to our data control policy which you can view on our website. Any question regarding it should be addressed to our School Administrator.