



**Clapham &
Clapham Park
Montessori**

Clapham Montessori – Ros Bowles

St. Paul's Church Community Centre, Rectory Grove, SW4 0DX
020 7498 8324 – ros@montessoriclapham.co.uk

Clapham Park Montessori – Lucía Gómez-Santana

The Contact Centre, 60 Hambalt Road, SW4 9EH
07757 317 179 – lucia@montessoriclapham.co.uk

Montessori Infant Community – Wendy Thompson

The Contact Centre, 60 Hambalt Road, SW4 9EH
07914 664 957 – info@montessoriclapham.co.uk

ENROLMENT FORM AND PARENTS' CONTRACT

Please fill in this form and return it as soon as possible, together with a payment of £250.00. This deposit will be returned provided that we have received a full term's notice of your intention to withdraw your child.

Child's Name:

Child's Doctor:

Name: _____

Address: _____

Telephone No.: _____

Immunisations *(Please list all doses)*

Diphtheria		Meningococcal group B (MenB)	
Tetanus		Rotavirus gastroenteritis	
Pertussis (whooping cough)		Measles	
Polio		Mumps	
<i>Haemophilus influenzae</i> type b (Hib)		Rubella	
Hepatitis B		Meningococcal group C (MenC)	
Pneumococcal		Tuberculosis (BCG)	

Details of any health problems, disabilities or conditions; medication; allergies; dietary restrictions and preferences; or medical procedures which are prohibited by family religious beliefs:

Particular requirements relating to a child with special needs:

Infectious diseases:

*(Please tick those your child has
already contracted)*

Mumps

Measles

Rubella

Chicken Pox

Additional emergency contacts:

Name: _____

Contact No.: _____

Name: _____

Contact No.: _____

Names of people authorised to collect
your child:

Please tick the following as appropriate:

In the event of an emergency, I agree to my child receiving medical treatment.

I give permission for my child to be taken outside the premises for walks or outings.

I give permission for staff to apply sticking plasters to my child as appropriate.

I give permission for the staff to heat up my child's lunch in the microwave as appropriate.

I agree to give a term's notice in writing of my intention to withdraw my child.

I agree to pay the term's fees within 7 days of receiving an invoice.

I confirm that I have read the Privacy Notice and have completed the Consent Form.

I accept the offer of a place starting on _____

I am sending a payment of £250.00, which will be returned to me provided that I have given a full term's notice, in writing or by email, of my intention to withdraw my child.

Signed: _____

Date: _____