



LEICESTER MONTESSORI NURSERY SCHOOL (LOUGHBOROUGH ROAD) LIMITED

137 LOUGHBOROUGH ROAD, LEICESTER LE4 5LQ

Tel: (0116) 2610022 or Admissions Office (0116) 255 4441

E-mail: [office@montessorigroup.com](mailto:office@montessorigroup.com) Website: [www.montessorigroup.com](http://www.montessorigroup.com)

(Please use block capitals)

1 Child's Surname ..... Date of Birth ..... Sex M/F  
Forename(s) in full ..... Religion .....

Address .....  
.....  
Post Code ..... Tel: .....

2 Mother's Name .....  
Occupation .....  
Work Address .....  
Work Tel: ..... Mobile Tel: ..... E-mail .....

3 Father's Name .....  
Occupation .....  
Work Address .....  
Work Tel: ..... Mobile Tel: ..... E-mail:.....

4 Any other person to contact in emergency:  
a) Name ..... Tel: .....  
b) Name ..... Tel: .....

5 Name of child's Doctor .....  
Address of Practice .....  
..... Tel: .....



Please tick the immunisation's your child had received.

M.M.R

POLIO

D.T.P

Hib

Men

*Please specify*

Any known allergies, including food and drinks, which you do not wish your child to have either on medical or religious grounds.

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Non Vegetarian

Vegetarian

Vegan

Organic

*Please specify*

Any operations, disabilities, special needs and, any further information. \_\_\_\_\_

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How did you hear about us? (please specify) \_\_\_\_\_

Do you have siblings currently attending this or any of our Nurseries or Schools? Yes  No

If yes, your child's name is \_\_\_\_\_ and (campus) \_\_\_\_\_

Please indicate in the table below the sessions you require

Session A (3 hours)      Session B (4 hours)      Session C (5 hours)      Session D (6 hours)

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Morning</b>					
<b>Afternoon</b>					
<b>Full days (please tick)</b>					
<b>Government Funded Sessions only</b>					

- I wish to apply for the admission of my child at the Leicester Montessori Nursery School (Loughborough Road) Ltd.
- I have received and read the regulations of the Nursery School and agree to abide with them or with any other conditions that may be required.
- I agree to give one month's written notice before removing my child from the Nursery School and I will receive a letter of confirmation in return.
- I give permission for my child to be taken on supervised outings.
- I give permission for my child to be assessed by a suitably qualified person.

I wish my child to commence on \_\_\_\_\_ (date). I enclose a £50.00 non-refundable deposit and a copy of my child's birth certificate in order to be placed on the Nursery waiting list.

Name of Mother / Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Father / Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**The Montessori Group**

**Nursery** 190 London Road, Leicester LE2 1ND  
**Nursery** 279 London Road, Leicester LE2 3ND  
**Nursery** 84 Station Road, Wigston, Leicester LE18 2DJ  
**Nursery** 1096 Melton Road, Syston, Leicester LE7 2HA

**Nursery** 137 Loughborough Road, Leicester LE4 5LQ  
**Nursery** Staker Farm, Staker lane, Mickleover, Derby DE3 0DJ  
**Nursery** 2 The Connery, Hucknall, Nottingham NG15 7AH

**Preparatory & Grammar School** 58 Stoneygate Road, Leicester LE2 2BN  
**Sixth Form College** 140 Regent Road, Leicester LE1 7PA