

MICKLEOVER MONTESSORI NURSERY SCHOOL LIMITED
Stalker Lane, Mickleover, DERBY DE3 0DJ
Tel: (01332) 513444 or Admissions Office (0116) 255 4441
E-mail: office@montessorigroup.com Website: 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 immunisations your child has 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. _____

Non Vegetarian

Vegetarian

Vegan

Organic

Please specify

Any operations, disabilities, special needs and, any further information. _____

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 (4 hours)

Session B (5 hours)

Session C (6 hours)

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					
Full days (please tick)					

- I wish to apply for the admission of my child at the Mickleover Montessori Nursery School 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 137 Loughborough Road, Leicester, LE4 5LQ
 Nursery 291 Liberty Road, Leicester, LE3 6NP
 Nursery Staker Lane, Derby, DE3 0DJ
 Nursery 279 London Road, Leicester LE2 3ND

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



Preparatory School
 Grammar School
 Sixth Form College

194 London Road, Leicester, LE2 1ND
 58 Stoneygate Road, Leicester LE2 2BN
 140 Regent Road, Leicester, LE1 7PA