



STONEYGATE MONTESSORI NURSERY SCHOOL LIMITED
 279 LONDON ROAD, LEICESTER, LE2 3ND
 Tel: (0116) 270 6662 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 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.

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

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

- I wish to apply for the admission of my child at the Stoneygate 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 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