

MARLOW MONTESSORI SCHOOL

REGISTRATION FORM

CHILD'S NAME _____

DATE OF BIRTH _____

PARENT/GUARDIAN _____

ADDRESS

E-MAIL _____

TELEPHONE NUMBER

Home _____

Mobile _____

Work _____

PREFERRED TERM OF ENTRY SPRING/SUMMER/AUTUMN 2011/12/13

(Please note places cannot be guaranteed but the setting will do its utmost to accommodate your request. Where the setting makes an offer of a place for your preferred term of entry and this is turned down by the parent with a request to be placed on a later Waiting List, your child will be placed at the end of this list.)

There is a minimum requirement of 3 sessions on entry into nursery. Please state any preference for sessions below indicating A.M./P.M. or Full Day.

Mon _____ Tues _____ Wed _____ Thurs _____ Fri (A.M. only available) _____

OR

I would like _____ (please state number of sessions) and am flexible as to days.

I enclose a registration fee of **£40** (non-refundable), which places my child on the Waiting List. I understand that places are allocated in accordance with how long each child has been on the Waiting List. Cheques payable to "Jan Evans")

Signed _____

Dated _____

Return to: Jan Evans, Marlow Montessori School, 121 Wycombe Rd, Marlow, Bucks. SL7 3JB.
Tel: 01628 477855 or e-mail: jan@marlowmontessori.co.uk