



REGISTRATION FORM

School: Wickham Bishops Waltham

Child's full name:

Date of Birth: Proposed start date:

Nationality: Religion:

Mother's Name:

Father's Name:

Address:

..... Post Code:

Email address:

Telephone No. Home:

Mothers Work No.: Mobile No.:

Fathers Work No.: Mobile No.:

Name & Address of Child's Doctor:

.....

Doctors Telephone No.:

Immunisation Details (Please tick all that apply):

Diphtheria Tetanus HIB Polio

Meningitis C MMR Whooping Cough

Any relevant medical information:

.....

Any special dietary requirements:

Please note that a non-refundable registration fee of £50 is required to secure your child's place.

Please make cheques payable to BISHOPS WALTHAM MONTESSORI SCHOOL LTD and return to Mrs E Freemantle, 5 Park Villas, Union Lane, Droxford, Hants SO32 3QP

Signed Date



SESSIONS REQUEST

School required: Wickham Bishops Waltham

Child's name:

Proposed start date:

Please indicate your preferred choice of sessions in the appropriate space. Please note we have a minimum of two sessions per week.

	MORNINGS:	LUNCH SESSION:	AFTERNOONS:
Monday:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday:	<input type="checkbox"/>	<input type="checkbox"/>	

We will try to accommodate your first choice. All places are on a first come basis. It may be possible to increase your number of sessions at any time during the term.

Parent's signature:

Print Name: Date: