



## REGISTRATION FORM

Child's Name in Full .....

Gender .....

Address:

Telephone Number ..... Mobile ..... E-mail .....

Date of Birth ..... Date of Entry .....

Leaving Date .....Next School .....

Parents' or Guardians' Names .....

Father's Occupation .....

Place of Work and Telephone Number:

Mother's Occupation .....

Place of Work and Telephone Number:

Siblings connected with the School .....

Religion .....

How did you hear about the school? (i.e. Richmond Council, Word of Mouth, Advertising etc.)  
(Please specify) .....

Signed.....

Date.....

*There is a registration fee of £50, (£45 for siblings). This registration fee is NON-RETURNABLE.  
The offer of a place is subject to availability, and registration does not guarantee a place.*

Cheques payable to: **BARNES MONTESSORI NURSERY.**

All correspondence and cheques to:  
Anne-Marie True (Principal),  
114 Palewell Park, London SW14 8JH  
Tel: 020 8748 2081/020 8876 9628

*Principal/Proprietor: Anne-Marie True*

### **BACS Payment Details:**

*(If payments are made electronically please ensure a personal reference is given)*

**Sort Code: 40.02.35**

**Account Number: 51055704**

**IBAN:GB81HBUK40023551055704**