



The Pier Head Preparatory Montessori School

3 Shadwell Pier Head, Glamis Road,
Wapping, London, E1W 3TD
0207 481 0202
email: thepierheadprep@yahoo.co.uk



Child Registration Form

Personal Details

Name of child			
Date of birth			
Home address			
Postcode			
Gender			
Hair colour		Eye colour	
Religion			
Ethnic origin			
Nationality			
Language(s) spoken at home			
Intended medium of education, e.g. English, Welsh			
Details of any special educational needs/disabilities			
How did you hear about [<i>insert school name</i>]?			
Preferred start date			

About your family

Mother/carer	
Title	
First name	
Surname	
Password	
Home address	
Postcode	
Home tel number	
Mobile	

Home email	
Work address	
Postcode	
Work tel number	
Work email	
Hours worked	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from school emergency <input type="checkbox"/> Contact in <input type="checkbox"/>

Father/carer	
Title	
First name	
Surname	
Password	
Home address	
Postcode	
Home tel number	
Mobile	
Home email	
Work address	
Postcode	
Work tel number	
Work email	
Hours worked	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from school emergency <input type="checkbox"/> Contact in <input type="checkbox"/>

Other contacts

Contact one	
Title	
First name	
Surname	

Relationship to the child			
Password			
Address			
Postcode			
Tel number		Mobile	
Responsibilities (Tick all that apply)	Collect child from school	<input type="checkbox"/>	Contact in emergency <input type="checkbox"/>

Medical details

Does your child have any allergies?	Yes / No (please circle)	
If yes, please give details of the cause and reaction		
Does your child have any special dietary requirements?	Yes / No (please circle)	
If yes, please give details		
Has your child had any of the following immunisations? Please tick and date	Immunisation	Date of immunisation
	BCG	
	Diphtheria	
	HIB	
	MMR	
	Meningitis C	
	Poliomyelitis	
	Tetanus	
	Whooping cough	
Any other immunisations		
Name of GP		
Name of surgery		

Address	
Postcode	
Telephone number	
Health visitor details	
Name	
Address	
Postcode	
Telephone number	
Other agency details	
Name	
Address	
Postcode	
Telephone number	
Any other details that we should know about?	

Sessions

Please indicate your preferred sessions.

Session	Mon	Tues	Wed	Thurs	Fri
Full day					
Morning only					
Afternoon only					
Extended morning					
Extended afternoon					

After-school care					
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Do you require a place for term-time only? (Please circle) Yes / No

Cost of additional sessions

Signed Date

Office use only

Room head authorisation

Additional staff required (to meet ratios)? Yes/No

Staff name

Input into school administration system on (date)

Input by..... Position

Payment method

Permanent session amendment form

Please complete this form if you require a permanent amendment to your child's sessions at The Pier Head Prep School.

As per our terms and conditions, one month's notice must be given if the number of sessions is to be reduced.

Name of parent

Actual start date

Key person

Previous child setting

Permission slips received

School trips agree/disagree

Emergency medication agree/disagree

Photographs agree/disagree

Communication Plan

Please tick method of communications regarding sharing information about your child both from school to home and home to school. Please tick all that apply with your preferred method at the bottom:

Face to face

Via paper documentation, e.g. daily diary, observation sheets

Email

Telephone

The preferred method is _____