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REGISTRATION FORM

Child's Information

Forename:	Surname:
Middle name(s):	Date of birth:
Gender:	Religion:
Proposed term and year of entry:	Nationality:
Class of entry:	Languages spoken:
Home address including postcode:	
Home telephone no.:	

Parent 1

Title:		Surname:	
Forename:		Relationship to the child:	
Occupation:		Nationality:	
Company:		Mobile telephone number:	
Email address:			
Home address (if different from the child):			
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Parent 2

Title:		Surname:	
Forename:		Relationship to the child:	
Occupation:		Nationality:	
Company:		Mobile telephone number:	
Email address:			
Home address (if different from the child):			

Current School or Kindergarten (if relevant)			
Name:		Start date:	
Name of Head teacher:			
Email address:			
Address:			

Child's Health (if applicable, please list any allergies, disabilities or diagnosed learning difficulties)

Siblings (Please list if you have any other children who are current or past pupils at Kensington House or who are currently on our Registration lists)

Name:	Date of birth:	
Name:	Date of birth:	
Name:	Date of birth:	

Connections (Do you have any connection with a Kensington House Schools? If so please give details below)

Registrations (Have you registered your child's name at any other schools and, if so, which?)

How did you hear about Kensington House? (Please tick all that apply)			
Friends	Word of mouth	Reputation	
Website	Internet search:	School's Guide	
Agency:	Advertisement:	Other (please state)	

Declaration (both parents must sign)			
 We request that the name of our child listed at the start of this form be registered as a prospective pupil. We have paid the non-refundable registration fee for £100, by enclosing cheque or by BACS (please tick as appropriate) 			
BACS details are: Account Name: Dorota Kierzkowska Kensington House Nursery School, Sort Code: 60-05-14, Account No: 18185665, Reference: Your child's name			
 We understand that the terms and conditions of the school will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. We understand that the school (through the Head, as person responsible) may obtain, process and hold personal information about our child, including sensitive information such as medical details, and we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child. 			
Parent 1 signature:		Parent 2 signature:	
Date:		Date:	

Early registration is recommended. Registrations are subject to availability and the admission requirements of the School at the time when places are offered.