



Little Graduates Montessori School

Ofsted Reg. No.: 108416 E-Mail: manager@lgmontessori.com
ICO A8384736 Phone 01628 828258 www.lgmontessori.com



FORMS SEP 24-25

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Registration Form from Sep 2024

F1

How did you find us? _____

Is your child entitled to government funding? YES ___ No ___

Are you claiming funded hours with another provider? Yes ___ No ___

Registration fee £ ___ Deposit £ _____ Pay by: bacs ___ voucher ___ PayPal ___ tax-free ___ Other ___

Our bank details: Barclays, LG Montessori School, Sort Code 20-78-58 Account: 50397482

Documents provided: child's birth certificate ___ Local authority parent declaration form ___

CHILD'S DETAILS

Child's first name(s):	Child's surname:
Gender (male or Female):	Date of birth:
Ethnic origin:	Language(s) spoken:
Religion:	
Which of the parents/carers below does your child normally live with?	

PARENT OR CARER DETAILS

PARENT OR CARER (1) Responsible for payments: YES ___ No ___	
First name(s):	Surname:
Relationship to child:	Occupation:
Home address (incl. postcode):	Work address (incl. postcode):
Home phone number:	Work phone number:
Email:	Mobile number:
Does this person have legal "parental responsibility" for the child? YES: _____ NO: _____	
PARENT OR CARER (2) Responsible for payments: YES ___ No ___	
First name(s):	Surname:
Relationship to child:	Occupation:
Home address (incl. postcode):	Work address (incl. postcode):
Home phone number:	Work phone number:
Email:	Mobile number:
Does this person have legal "parental responsibility" for the child? YES: _____ NO: _____	



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ALTERNATIVE EMERGENCY CONTACTS

EMERGENCY CONTACT (1)	
First name(s):	Surname:
Collection password (if child is to be collected by someone not known to the nursery staff):	
Relationship to child:	Contact number:
EMERGENCY CONTACT (2)	
First name(s):	Surname:
Collection password (if child is to be collected by someone not known to the nursery staff):	
Relationship to child:	Contact number:

SESSIONS

I would like my child to attend Little Graduates Montessori School on: Please tick sessions required:

DAYS	Full Day	Nursery Day	Half Day A.M	Half Day P.M	15/30 hours EYFE Term time only		Flexible Sessions
					8-3:30	9-3	
MONDAYS	8-6	9-3	8-1	1-6	8-3:30	9-3	
TUESDAYS	8-6	9-3	8-1	1-6	8-3:30	9-3	
WEDNESDAYS	8-6	9-3	8-1	1-6	8-3:30	9-3	
THURSDAYS	8-6	9-3	8-1	1-6	8-3:30	9-3	
FRIDAYS	8-6	9-3	8-1	1-6	8-3:30	9-3	

Notes: If your child is involved with any outside agency please provide details

My child will attend nursery. you must tick the right box below:

- Contract: Term Time Only (38 weeks) nursery discounts **don't** apply
- Contract: Calendar Year (48 weeks) nursery discounts apply
- o Starting date: _____ Room: _____



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TERMS AND CONDITIONS

Nursery fees are payable monthly in advance and must be paid in full by the 10th of the month. Please note that it is very embarrassing and time consuming for us to be engaged in pursuing unpaid fees. If fees are not paid in full by the due date, we will unfortunately have no option but to add a 5% penalty charge on all unpaid fees.

NOTICE REQUIREMENT

One-month notice in writing, or payment in lieu of notice, is required if you wish to withdraw your child from the nursery or change your booked sessions. For full details please refer to the fees policy.

HOLIDAYS AND ABSENCES

Absences from the nursery, including for sickness and family holidays, must be paid for in full. We regret that we are not able to swap sessions for any sessions not attended. We charge for the place and not for attendance.

ILLNESSES AND MEDICATION

Certain infectious childhood ailments (e.g. chickenpox, conjunctivitis) will require your child to be excluded from the nursery for an appropriate period to prevent the spread of infection. If your child becomes ill whilst at nursery, we may ask you to collect him or her.

Any medication that your child requires must be clearly labelled and handed to a member of staff. You will be asked to complete a medicine form each time a medicine is administered.

EMERGENCY MEDICAL CONSENT

In the event of an emergency do you consent to management accompanying your child to hospital in the event you cannot get here, OR we cannot contact you?

(CIRCLE) YES / NO Parent signature

DROPPING OFF AND COLLECTING YOUR CHILD

Children must always be collected on time at the end of each session and must not arrive at the nursery before the beginning of their session. This is very important as we may otherwise exceed the maximum child numbers permitted by our Ofsted registration. Late collection will result in additional late fee of £15 charged for the first 15 minutes and every 15 minutes increments thereafter.

DEPOSIT & ADMISSION FEES

There is a deposit of £130 made payable to "Little Graduates Montessori School" which will be deducted from your last month's fees. There is also a £70 non-refundable Admission Fee when you register your child to start at the Nursery.

By signing below, you are confirming that:

1. This registration form has been correctly completed to the best of your knowledge.
2. You have read and agreed to abide by the terms and conditions detailed above and with our Fees, funding, GDPR and General nursery policies.
3. You agreed that you are jointly and severally liable to pay the nursery's fees in accordance with the payment terms detailed above.

Parent or carer (1) _____
Full name (please print) Signature

Parent or carer (2) _____
Full name (please print) Signature

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MEDICAL/GENERAL CONSENT AND REPORT F2

A: MEDICAL, Please tick as appropriate:

I consent any emergency medical treatment necessary during the childcare session. I authorise the manager to sign any written form of consent required by the hospital authorities if the delay in getting my signature is considered by the senior medical staff. **Yes No**

I give consent to the Nursery to administer prescribed **ANTIBIOTICS** to my child. **Yes No**

I give consent to the Nursery to administer **MEDICINE / CREAM** (Calpol, prescribed inhaler or cream, sun cream) to my child in my absence. **Yes No**

I give consent to the Nursery to apply a hypo-allergenic plaster to my child in the event of an injury. **Yes No**

B: General, Please tick as appropriate

I give permission for my child to take part in organised outings at the setting. I understand that these outings may be by foot or by hired transport. **Yes No**

I give permission for my child to watch U certificate videos or children's Television. **Yes No**

I consent for my child to be photographed or filmed while she/he is at the nursery, for the purpose of monitoring their progress and achievements or school photographer or plays. **Yes No**

I confirm that I am the legally responsible parent or carer for this child **Yes No**

I have read and agree to abide by the terms and conditions of the childcare setting **Yes No**

C: Information Sharing agreement (please tick)

Under the GDPR Act 2018, I give permission for setting staff to share relevant information with and receive information from other agencies regarding my child. I understand that I will be informed when information is shared, and that this information will remain confidential between the setting staff and the agencies involved and will be used in the best interest of my child to support his/her progress and promote his/ her welfare. I undertake to keep the setting informed of the agencies and services involved with my child.

Signature of Parent/Carer:**Date:**

Full name (in Block Capitals):

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Details of immunizations that your child has been given (please tick and state date)

Immunization	Tick	Date given
Diphtheria		
Tetanus		
Whooping cough		
Measles, Mumps, Rubella MMR		
Polio		
Other		

Does your child suffer from: Speech Defects Hearing Defects Visual Defects

Please give details of the above or any other medical conditions and special needs that your child has or may have- please provide as much information as possible to ensure that your child's needs are met whilst in our care:

Are there any agencies or organisations involved with you, your family or your child: **YES** **NO**

If yes who: _____

Please give details of any special dietary requirement (including food allergies):

Is there any other information you feel the staff need to be aware of:

Name and Address of Child's Doctor:

Name and Address of Health Visitor:

Telephone:	Telephone:

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TAPESTRY ONLINE LEARNING JOURNAL CONSENT F3

We use an online Learning Journal provided by Tapestry. As this is an online profile, we will need your permission to set up your child's account. Please rest assured that the information about your child and their learning is secure and is only accessible by the members of staff and yourselves as parents. Any personal details about your child are confidential and will not be disclosed. There may also be instances where your child appears in a photograph documenting another child's learning.

We may take photographs for a number of reasons whilst your child is with us:

- to document what they enjoy doing;
- to record their learning and development progress;
- to include in learning journals;
- to record special events and achievements;

Please complete the following permission slip to show you have read, understood and agree with our guidelines, tick as appropriate.

I consent to photographs of my child being taken by authorised personnel representing the Nursery.

Yes No

I consent to photographs containing my child's image being included in other children's learning journals.

Yes No

I consent to treat photographs containing images of other children for my own personal use only. (This means that the information cannot be shared with others, or published in any way, without the explicit written consent of the parents or carers of those children who are included in the photographs. For example, any such photographs cannot be posted onto a social networking site or displayed in a public area.)

Yes No

Child's name: Date:

Parent's name: Signature:

Please note that you can withdraw your consent, in writing, or request to see photos taken at any time. This form is valid for the duration of your child's time at Nursery. It is your responsibility to let us know if you want to withdraw or change your consent at any time.

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PHOTOGRAPH CONSENT FOR GENERAL PURPOSES F4

Parental/guardian consent form to use Image, video or photograph:

Child's name _____ Date: _____

I give consent for my child to be photographed/videoed during nursery activities and be published on:

Social media	Yes	No
Facebook		
Instagram		
Youtube		
Tiktok		
All social media		
Nursery		
Website		
Newsletters		
Prospectus		
Leaflets		
Classroom displays		
Tapestry		
Whiteboards		

Some photographs, videos and images may be retained by the nursery as part of its historical record.

Parent comments:

Parent/guardian Name: _____

Signature of parent/guardian: _____

School Lane, Littlewick Green, Maidenhead, SL6 3QY

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DAILY SUPERVISED TOOTH BRUSHING CONSENT FORM F5

Full name of child:

Does your child have a dentist? Yes No

If YES: Has your child seen a dentist in the last 12 months? Yes No

If NO:

Would you like some help in finding an NHS dentist? Yes No

I confirm I have read and understood this information Yes No

Consent - Daily supervised tooth brushing

Please enrol my child in the tooth brushing programme Yes No

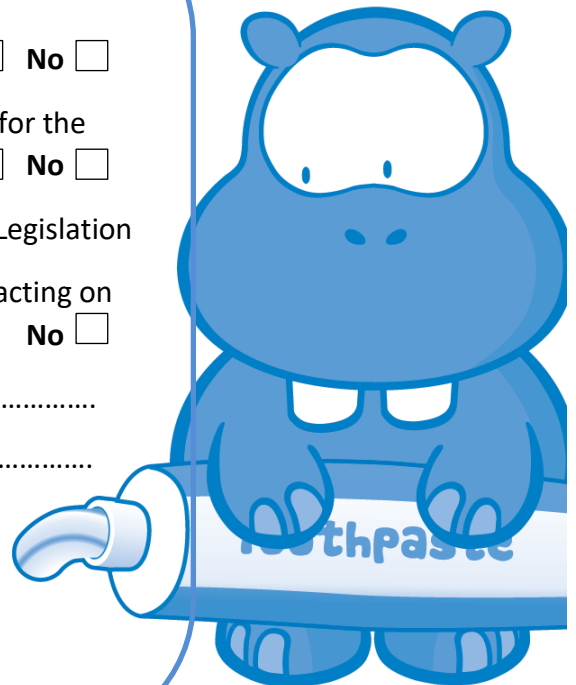
I give my permission for my child's dental information to be used for the evaluation and monitoring of the programme Yes No

This information will be used in accordance with Data Protection Legislation

I give permission for the Oral Health Promotion Service, or those acting on its behalf, to contact me to gather further information Yes No

Signature of parent/legal guardian:

Print Name Date:



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ALLERGY AND DIETARY REQUIREMENTS F6

Child's name: _____

Age: _____

Does your child have any allergies?

Does your child have regular contact with health professionals or agencies?

Dietary requirements

Medical Issues that you feel the school needs to be aware of and any treatments necessary (i.e. Eczema - cream to use? how many times per day?, etc.)

Any other important information

Parents signature _____

Date _____

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ALL ABOUT ME F7

My Learning Journal



Full name: _____ Date of Birth: __ / __ / __



twinkl.co.uk

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Getting to Know My Family and Me

My age on starting at Little Graduates Montessori School is:

I like to be called:

My first language at home is:

Other languages in my family are:

Who lives in my house?

Special people in my life:

My family and I celebrate:

An important event in my life:

Interest & Preferences

Things that excite me and make me happy:

My favourite books, rhymes, activities, toys, and places to go:

Things I like doing outside:

My weekly routines:

Things I can sometimes get angry or upset about:

Things that comfort me when I am upset or tired:

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What is your child good at?

What your child need help with?

How does your child communicate?

Food & drink

I usually eat:

My favourite foods:

My favourite drinks:

I do not like:

Health & Development

Does your child have any particular health issues at the moment which may affect them during their time at nursery e.g poor sleep patterns, eating difficulties etc?

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Sleeping and Toileting Routines

For children attending all day, would you like your child to have a rest during their time at nursery?
Yes/No. If so, for how long?

Does your child have a comforter/dummy?

When does your child sleep?

Nappy changing/toileting information:

What are your hopes for your child during their time at Little Graduates Montessori School?

The 'All About Me' form is a way to tell us more about your child's likes and dislikes, personality, and what you would like them to achieve from their time at Little Graduates Montessori School.

Thank you for sharing this information with us.

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