Application to join

Sweetpeas Montessori's Application Form
Unit 6 Furze Hill Barn, Sandy Lane, Nutfield RH1 4RJ
sweetpeasschool@gmail.com

01737 823859

Personal details							
First name(s) of child:							
Surname of child:	Date of birth:						
Full address:							
		Postcode:					
Parent/carer name (1):							
Relationship to child:							
Full address (if different):							
		Postcode:					
Daytime/work tel:	Home:	Mobile:					
Parent/carer name (2):							
Relationship to child:							
Full address (if different):							
		Postcode:					
Daytime/work tel:	Home:	Mobile:					

Session request						
Preferred start date:						
Please tick the sessions you v	vould like your o	child to attend	d:			
[Morning]	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday	
[Lunch]	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday	
[Afternoon]	□ Monday	□ Tuesday	□ Wednesday	□ Thursday	□ Friday	
This application places your c becomes available. Please no child, Once your child is offered a pl family details are required for	ote that comple ace and you ac	etion of this cept it, on ad	form does not gumission further pe	uarantee a place	e for your	
copy made for our file.			·	·	t with a	
If you find that you no longer r	need the place,	please inforn	n [us/me] as soon	as possible.		
Signed parent/carer (1):	Date:					
Signed parent/carer (2):	Date:					
Please be advised that this conditions provided to you. understood and agree to the	By signing thi	s document				
For office use only:						
Deposit paid:	Date paid:					
Tear off the following part to re	eturn to the pare	ent(s)				
A place will be available for		(child's name)				
* on	(date	e) * or; we	will notify you whe	en a place becor	nes free.	
Signed on behalf of the provid	er:					
Name:		Job tit	:le:			

^{*}Please delete whichever is not applicable.