



Date Submitted:

FOR OFFICE USE

On Connect ☐
Welcome Email ☐
Dep & Reg Fee ☐
Parent Contract ☐
Passport ☐
Proof of Address ☐
Funding Forms ☐
Added to HiHi ☐

CLASS:

NC ☐
IC ☐
CH ☐

Learning Stars Montessori Application Form

PLEASE COMPLETE IN BLOCK CAPITALS IN BLACK INK

Child's Details:

Child's First Name:

Child's Last Name:

The Name the child answers to:

Gender: Male / Female

Date of Birth:

Child's Address:

Home Tel Number /s:

Number of Siblings:

Any Siblings attending / previously attended the nursery

.....

9m – 2y WF (30h) ☐
2y DF (15h) ☐
3y – (15h) ☐
3y – (30h) ☐
Term Time (38w) ☐
All year (51w) ☐

FOR OFFICE USE:

Settling Dates:

Day 1:

Day 2:

Day 3:

Actual Start Date:

Sessions Required (Please Tick)

Expected Start Date:					
Session	Mon	Tues	Wed	Thurs	Fri
AM Half Day 8am -1pm					
PM Half Day 1pm-6pm					
Full Day 8am – 6pm					
Additional Hours – (Charged separately and subject to availability)					
Breakfast Club 7.30am Drop off					
After- Nursery Club 6.30pm collection					

Learning Stars Montessori Children's House • 85 Wembley Park Drive, Middx HA9 8HE

www.learningstars.co.uk • 020 8903 0175 • office@learningstars.co.uk

OFSTED Registration EY495111

Form 2025/2026



Parent / Carer Details

Parent/Carer (Name & Address):

Mr/Mrs/Miss/Mx.....

DOB:

Phone Number/s:

Alternative Contact & Phone Number:

Email Address:

Occupation:

Bill Payer: YES / NO

Parent/Carer 2 (Name & Address):

Mr/Mrs/Miss/Mx.....

DOB:

Phone Number/s:

Alternative Contact & Phone Number:

Email Address:

Occupation:

Bill Payer: YES / NO

Additional Carers (Childminder, Nanny, etc)

Name: Mr/Mrs/Miss/Mx

Contact Details:

Who is authorised to collect your child from nursery (OTHER THAN PARENT/CARERS)?

1) Tel:

2) Tel:

3) Tel:

4) Tel:

Please note that we would need to be introduced to any person(s) collecting your child



Child's Medical History / Dietary Requirements

Doctor/ Surgery Name

Address:

Tel. No.:

Health Visitor Name:

Tel No.:

Do you consider your child to have any disability or Special Educational Needs? Yes / No

If yes, please give further details

.....

Does your child have any medical conditions? Yes / No

If yes, please give further details.....

Does your child take any regular or non-regular medications? Yes / No

If yes, please give further details.....

Does your child have any Dietary Needs (Allergies, preferences, Religious) Yes / No

If Yes, is this confirmed by doctor? Yes / No

If yes, please give further details.....

Is your child up to date with all Immunisations/Vaccinations: Yes / No

Please Specify.....

Do you consent for your child to be given Calpol ? Yes / No

Do you consent for your child to be given Piriton ? Yes / No

Do you consent for your child to be given Sunscreen ? Yes / No

Do you consent for your child to use Sudocrem? Yes / No

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Ethnic Background

Asian or Asian British	Mixed or multiple ethnic groups	Black or Black British	White	Other Ethnic Backgrounds
<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Afghan <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Thai <input type="checkbox"/> Other Asian Background	<input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Asian & Black African <input type="checkbox"/> Asian & Black Caribbean <input type="checkbox"/> Other mixed background	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other black background	<input type="checkbox"/> English <input type="checkbox"/> Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> Spanish <input type="checkbox"/> Italian <input type="checkbox"/> Russian <input type="checkbox"/> French <input type="checkbox"/> Other white background	<input type="checkbox"/> Arab <input type="checkbox"/> Other Ethnic background <input type="checkbox"/> Prefer not to say
Please Specify:	Please Specify:	Please Specify:	Please Specify:	Please Specify:
.....
.....
.....

Child's First Language

Any other languages

Religion

Country of Origin

Emergency Contact Details Person(s) to contact in an emergency **OTHER THAN** the parent / carer

Contact 1 Name

Relationship to the child

Contact Number(s)

Contact 2 Name

Relationship to the child

Contact Number(s)

CONSENTS

Do you consent to your child going on outings with us?	Yes / No
Would you or your partner be available for outings?	Yes / No
In the event of an emergency, if the nursery is unable to contact me, I give my consent for my child to be taken to hospital for treatment	Yes / No
<p>A payment of £630 is required immediately on acceptance of a place at Learning Stars Montessori. This includes a £130 registration fee / admin fee which is non-refundable. It also includes a refundable £500 deposit to secure your child's place at Learning Stars, which will be deducted from their last month's fees.</p> <p>I agree that the deposit will not be refunded if my child does not attend without one month's notice of withdrawal</p>	Yes / No
I agree to pay each month's fees on the agreed date of that month	Yes / No
I agree to giving one month's full notice before withdrawing my child or I will be liable for one full month's fees	Yes / No
<p>Signature 1:</p> <p>Signature 2:</p> <p>Date:</p>	

You will need to bring the following to Learning Stars Montessori when you complete the application form:

- A copy of your child's birth certificate or passport
- A copy of a utility bill / proof of address (in parents name)

On your child's first day at nursery, you will need to bring the following

- 3 pairs of change of clothes (labelled with their name) to stay at the nursery
- A pair of labelled Croc style indoor shoes (fully waterproof)
- A pair of wellies or boots for outdoor use

Personal Data Collection Consent

Child's Name:

Please circle Yes / No

I consent to Learning Stars collecting personal data about my child and family, including names, addresses, telephone and email, other information related to the care of my child, such as details about health conditions, for registering my child at the nursery, maintaining clear correspondence, and maintaining optimal care of my child whilst under their facility.

NOTE: If you select no, we will not be able to register your child at our setting.

Yes

No

I consent to Learning Stars sharing collected information with other professional bodies who have the right or professional need to see the data, such as the Local Authority.

NOTE: If you select no, we are unable to claim any government funded hours, etc

Yes

No

I consent to Learning Stars collecting information and images of my child for documenting and tracking my child's development and sharing these details with the parent/carer in the form of reports, online applications used to track children's progress and daily records, and for effective communication and presenting evidence to examining bodies such as Ofsted.

NOTE: If you select no, photos will NOT be uploaded to parents app.

Yes

No

Learning Stars sometimes takes photographs of children at the nursery for use in our Prospectus/Website/Social Media. I consent to Learning Stars using images of my child for the general promotion and marketing of the nursery.

Yes

No

Parent/Carer 1

Print Name:

Sign:

Date:

Parent/Carer 2

Print Name:

Sign:

Date: