



Learning Stars Application Form

FOR OFFICE USE

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

CLASS:

- NC
- IC
- CH

PLEASE COMPLETE IN BLOCK CAPITALS

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

.....

<p>NEG 2 <input type="checkbox"/></p> <p>NEG 15 hours <input type="checkbox"/></p> <p>NEG 30 hours <input type="checkbox"/></p> <p>Term Time (38w) <input type="checkbox"/></p> <p>All year (51w) <input type="checkbox"/></p>	<p>FOR OFFICE USE:</p> <p>Settling Dates:</p> <p>Day 1: _____</p> <p>Day 2: _____</p> <p>Day 3: _____</p> <p>Actual Start Date:</p>
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Sessions Required (Please Tick)

Expected Start Date:						
Session	Mon	Tues	Wed	Thurs	Fri	Other
AM Half Day <i>8am -1pm</i>						
PM Half Day <i>1pm-6pm</i>						
Full Day <i>8am – 6pm</i>						
Additional Hours						
Breakfast Club <i>7.30am Drop off</i>						
After- Nursery Club <i>6.30pm collection</i>						



Parent / Carer Details

Parent/Carer (Name & Address):

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

.....

Phone Number/s:

Alternative Contact & Phone Number:

Email Address:

Occupation:

Bill Payer: YES / NO

Parent/Carer 2 (Name & Address):

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

.....

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?

1) Tel:

2) Tel:

3) Tel:

4) Tel:

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

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 No. RP535296

Form 2022/2023



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"/> Chinese <input type="checkbox"/> Japanese <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"/> 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(s) / carer(s)*

Contact 1 Name

Relationship to the child

Contact Number(s)

Contact 2 Name

Relationship to the child

Contact Number(s)

CONSENTS

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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 school is unable to contact me, I give my consent for my child to be taken to hospital for treatment	Yes / No
A payment of £500 is required immediately on acceptance of a place at Learning Stars Montessori. This includes a £100 registration fee / admin fee which is non-refundable. It also includes a refundable £400 deposit to secure your child's place at Learning Stars, which will be deducted from their last month's fees. I agree that the deposit will not be refunded if my child does not attend without one month's notice of withdrawal	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
Signature 1: Signature 2: Date:	

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
- A copy of a utility bill / proof of address

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
- 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.

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.

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.

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: