**Jack in the Box Montessori School**

**Registration Form**

**Full name of child:**………………………………………………………………………...

**Address:**……………………………………………………………………………………

…………………………………………………………………………………………..….

**Date of birth:**………………………………………**Male/Female:**………………………

**Full names of parents:**……………………………………………………………………

………………………………………………………………………………………………

**Siblings/age**:………………………………………………………………………………..

………………………………………………………………………………………………

**Telephone numbers:**

Home:..……………………Work…………………………Mobile………………………..

**Email address**:…………………..…………………………………………………………

**Proposed number of sessions** **per week:**………………………………………………….

**Preferred start month (specify year)**:

September

January

April

**Signed**………………..……………………..

**Date**………………………….……………..

Please return to: Mrs Nicola Tarry, 8 Sedgeford Road, London W12 0ND