

APPLICATION TO JOIN THE WAITING LIST AT
THE MONTESSORI CHILDREN'S HOUSE,
SPENCER HILL



children's house, wimbledon

NAME OF CHILD: _____

DATE OF BIRTH: _____ MALE FEMALE

NAME(S) AND ADDRESSES OF PARENTS MAKING THE APPLICATION

MOTHER/FATHER

FATHER/MOTHER

Postcode _____

Postcode _____

Tel _____

Tel _____

Mobile _____

Mobile _____

Email _____

Email _____

PROPOSED COMMENCEMENT DATE _____

ATTENDANCE REQUIRED

MORNING SESSIONS

MON TUES WED THURS FRI

LUNCH CLUB

MON TUES WED THURS

AFTERNOON SESSIONS

MON TUES WED THURS

To complete your child's registration please pay a fee of £60 (Non refundable) By Bacs to
The Montessori Children's House - Acc. No: 35206968 Sort Code: 30 98 79
Please use your child's name for reference

Signature _____ Date _____

**PLEASE RETURN THE REGISTRATION FEE AND APPLICATION FORM TO
rachelsw@wimbledonmontessori.co.uk OR POST TO THE MONTESSORI CHILDREN'S HOUSE ST JOHN'S
CHURCH HALL, SPENCER HILL, WIMBLEDON, SW19 4PA**