

# MARLOW MONTESSORI SCHOOL

## WAITING LIST APPLICATION

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PARENT(S)/CARER(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-MAIL \_\_\_\_\_

TELEPHONE NUMBER Home \_\_\_\_\_

Mobile \_\_\_\_\_

### **PREFERRED TERM OF ENTRY SPRING/SUMMER/AUTUMN 2019/2020/2021**

(Places cannot be guaranteed but the setting will do its best to accommodate your request)

**There is a minimum requirement of 3 sessions on entry into nursery. Please state any preference for sessions below indicating Morning/Afternoon/Full Day.**

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri (Mornings only) \_\_\_\_\_

OR

I would like \_\_\_\_\_ (please state number of sessions) and am flexible as to days.

I enclose a registration fee of **£25** (non-refundable), which places my child on the Waiting List. I understand that places are allocated in accordance with how long each child has been on the Waiting List.

(Payment to **Marlow Montessori School** A/c 10343600 Sort Code 82-04-03)

Signed \_\_\_\_\_

Dated \_\_\_\_\_

**Return to: Marlow Montessori School, Bovingdon Green Village Hall, Frieth Road, Marlow SL7 3JB.  
Tel: 01628 477855 or e-mail: [jan@marlowmontessori.co.uk](mailto:jan@marlowmontessori.co.uk)**