



| FOR OFFICE USE ONLY  |  |
|----------------------|--|
| Date of Registration |  |
| Date of Acceptance   |  |

## Registration Form

| CHILD DETAILS  |                |  |
|--|----------------|--|
| Surname:   |                | Gender: <input type="checkbox"/> Boy <input type="checkbox"/> Girl |
| First Name(s):   |                |  |
| Nationality:   | Date of Birth: | Religion:  |
| Proposed Term of Entry: Autumn / Spring / Summer 20..... |                | (we accept children from 2 years)                                  |
| Proposed Age at Entry: ..... years ..... months          |                |  |
| Proposed Future School(s):                               |                | Proposed Date of Entry to School:                                  |

Please note that offers of places are subject to availability and the admission requirements of The Kindergartens at the time offers are made. Our Terms and Conditions are available upon request.

| PARENT/LEGAL GUARDIAN 1          | PARENT/LEGAL GUARDIAN 2          |
|----------------------------------|----------------------------------|
| Title (Mr/Mrs/Ms/Miss/Dr/Other): | Title (Mr/Mrs/Ms/Miss/Dr/Other): |
| Full Name:                       | Full Name:                       |
| Full Address:                    | Full Address:                    |
| Occupation:                      | Occupation:                      |
| Daytime Telephone:               | Daytime Telephone:               |
| Mobile Telephone:                | Mobile Telephone:                |
| Email:                           | Email:                           |

Please provide us with details of any medical condition, allergy, learning difficulty, disability as well as any behavioural, emotional and/or social difficulty affecting your child, using a separate sheet if necessary.

How did you find out about us?

Please tell us the names of any family members that have attended The Kindergartens past or present or are registered for entry, or any other connection with us.

### DECLARATION

I / We request that my / our child be registered as a prospective pupil. **The non-returnable registration fee of £50 has been paid using the details below.**

Account name: The Kindergartens

Sort code: 12-11-03

Account number: 06220387

Please use your child's surname followed by "PK2" as a reference.

If you would like further information about how The Kindergartens processes personal information please see our privacy notices for parents and children, which are available upon request.

I / We understand that The Kindergartens may obtain, process and hold personal information about me / us which may include financial information provided by me / us or by any licensed credit reference agency or information contained in any court orders, petitions or proceedings.

I / We understand that The Kindergartens may also obtain, process and hold personal information about our child which may include sensitive information such as medical details, and I / we consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of our child.

|           | PARENT/LEGAL GUARDIAN 1 | PARENT/LEGAL GUARDIAN 2 |
|-----------|-------------------------|-------------------------|
| Signature |                         |                         |
| Full Name |                         |                         |
| Date      |                         |                         |

**Please return to the Admissions at The Kindergartens, 25 Mallinson Road, London SW11 1BW or  
admissions@thekindergartens.co.uk**