Walthamstow Montessori School New Starter Form

Thank you for choosing WMS. Please fill out this form carefully to ensure we have all the necessary details about your child. All information provided will be securely held.

Child's Details

Family name	
Given name(s)/forename(s)	
Date of Birth	
Gender	
Home Address	
Ethnicity	
Religion	
First language	
Other language(s)	
Access / equipment requirements	
Special requirements	

Does your child attend or has your child previously attended any other educational setting	Please state yes or no:	Name of setting:	
		From:	To:
Does your child have an IEP (Individual Educational Plan) or is one in progress?	Please state yes or no:	Please give details:	
Does your child have a diagnosis (or do you have any concerns) relating to their development or behaviour?	Please state yes or no:	Please give details:	
Are you working with any professionals such as speech and language therapists, educational psychologists, behaviour management therapists?	Please state yes or no:	Please give details:	

Parent/Guardian Details

	Parent/Guardian 1	Parent/Guardian 2
Family name		
Given name(s)/forename(s)		
Relationship to Child		
Mobile Telephone		
Work Telephone		
Home Telephone		
Email Address		
Home Address (if different from Child's)		

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Authorised to collect Child from school?	Yes / No	Yes / No
Main collector?	Yes / No	Yes / No
Emergency contact?	Yes / No	Yes / No
Signature (necessary for identification)		
Photograph (Collection may only be made by people whose photos we have on file.)		

Unique Collection Password

Please create a password to share with anyone who is authorised to collect your child. When necessary, the password will be requested as further authentication of the collector's authorisation.

Password	

People authorised to collect Child from school

	Authorised collector 1	Authorised collector 2
Family name		
Given name(s)/forename(s)		
Relationship to Child		
Mobile Telephone		
Other Telephone		
Email Address		
Main collector?	Yes / No	Yes / No
Alternative emergency contact?	Yes / No	Yes / No
Signature (necessary for identification)		
Photograph (Collection may only be made by people whose photos we have on file.)		

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Please tell us if your child is allergic or intolerant to and therefore MUST NOT BE GIVEN any of the following.

WMS is a nut-free school and your child should not therefore bring any nuts or nut products into school under any circumstances.

Has your child ever eaten peanuts or other nuts?	Yes / No If no, we will guide you on exposing your child safely to nuts as it is so important to know whether or not your child is allergic to nuts.

Food product	Please tick or write 'yes' if your child IS allergic to these products
Dairy products / milk / lactose	
Egg	
Peanuts	
Tree nuts	
Fish	
Shellfish	
Soy	
Gluten (wheat, rye, barley, etc)	
Sesame	
Mustard	
Celery	
Lupin	
Sulfites	

Please mark CLEARLY and neatly with a tick whether your child is permitted or is NOT permitted the following food items. Please do not say 'sometimes' or 'in moderation'.

	Permitted	**NOT** permitted	Add any detail you wish
Milk			
Water			
Bread (sliced)			
Bread (pitta or flatbread)			
Margarine			
Dairy free spread			
Rice cakes			
Crispbreads			
Bread sticks			
Jam			

Marmite			
Honey			
Marmalade			
Chocolate spread			
Cream cheese			
Biscuits			
Birthday cake			
Raisins			
Dried apricots			
Apples			
Bananas			
Pears			
Pineapple			
Strawberries			
Grapes			
Oranges			
Lemons/limes			
Celery			
Tomatoes			
Cucumber			
Carrots			
Other (please state)			
Other (please state)			
Other (please state)			
Other (please state)			
Other (please state)			

Permissions – photography and other

We take photographs of children in the school setting to support and evidence their learning as set out in the WMS Terms & Conditions.

We also take photographs for use in the weekly WMS newsletter and sometimes for use on the WMS website and social media accounts such as Instagram.

Yes/No	Photos of my child may be used in the WMS newsletter
Yes/No	Photos of my child may be used on the WMS website
Yes/No	Photos of my child may be used on the WMS Instagram and Facebook accounts
Yes/No	I consent to my child having their hair checked for head lice
Yes/No	I consent to my child having their face painted
Yes/No	I consent to WMS applying plasters to my child should they suffer a cut or similar

Health Information

GP's Name						
GP's Address						
Health Visitor Name						
Vaccinations (please insert date)	Measles		Mumps		Rubella	
	MMR (3 in 1)		Hib		Polio	
	Tetanus		Diptheria		Menengitis C	

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History of allergic reactions					
Past illnesses	Chicken pox		Mumps		Rubella*	
	Scarlet fever		Convulsions/fits		Nose bleeds	
Additional medical information, diagnoses or medical investigations underway					

also known as German measles

Potty Training Information

Please inform us if your child is not yet potty-trained. Please keep us informed of progress at home in this regard.
Please replace nappies, pull-ups or underwear daily in your child's named WMS bag.

Is your child potty trained?	Yes/No				
Uses potty/child seat?	Yes/No				
Uses child loo seat?	Yes/No				
Wears nappies?	At night		All the time		Outside of home	
Other helpful information					

Sleep and Rest Information

Does your child nap regularly?	Yes/No Each child will have their own bedding bag with familiar bedding from home to keep at school. This will be returned for laundry.
Duration of naps	
Times and specific routines	
Comfort items (e.g., pacifier)	

Settling-In and Special Interests

Child's Particular Interests	
Preferred activities	
Favourite songs/rhymes	
Snack preferences	
Drink preferences	
Child self-feeds	
Names by which child refers to their parents	
Other helpful information	

Parent/Guardian Declaration

I confirm that the information provided above is accurate and complete to the best of my knowledge.

	Parent / Guardian 1	Parent / Guardian 2
Name		
Signature		
Date		