

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 kept confidential.

Child's Details

Family name		
Given name(s)/forename(s)		
Date of Birth		
Gender		
Home Address		
Collection password		
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:
Does your child have an EHCP (Education, Health and Care Plan) or is one in progress?	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?		
Main collector?		
Emergency contact?		
Signature (necessary for identification)		
Photograph (Collection may only be made by people whose photos we have on file.)		

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?		
Alternative emergency contact?		
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.

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			

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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. Please tick for 'yes' to confirm your preferences / authority in this regard below. **If 'no', please leave blank.**

<input type="checkbox"/>	Photos of my child may be used in the WMS newsletter
<input type="checkbox"/>	Photos of my child may be used on the WMS website
<input type="checkbox"/>	Photos of my child may be used on the WMS Instagram and Facebook accounts
<input type="checkbox"/>	I consent to my child having their hair checked for head lice
<input type="checkbox"/>	I consent to my child having their face painted
<input type="checkbox"/>	I consent to WMS applying plasters to my child should they suffer a cut or similar

Health Information

Doctor's Name						
Doctor's Address						
Health Visitor Name						
Vaccinations (List)	Measles		Mumps		Rubella	
	MMR (3 in 1)		Hib		Polio	
	Tetanus		Diphtheria		Menengitis C	
History of allergic reactions						
Past illnesses	Chicken pox		Mumps		Rubella*	
	Scarlet fever		Convulsions/fits		Nose bleeds	
History of allergic reactions						
Additional medical information, diagnoses or medical investigations underway						

*also known as German measles

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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 drawstring bag with their name on the outside.

Is your child potty trained?			
Uses potty/child seat?			
Uses child loo seat?			
Wears nappies?	At night	All the time	Outside of home
Other helpful information			

Sleep and Rest Information

Does your child nap regularly?	
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		