

Reservation Form and Agreement

CHILDS NAME:.....

DATE OF BIRTH:.....

STARTING DATE:.....LEAVING DATE:.....

PARENT/GUARDIANS NAME:.....

ADDRESS:.....

.....

.....POSTCODE:.....

TELEPHONE HOME:.....WORK:.....

MOBILE:.....

Email address:.....

Please circle your preferred days:

1ST CHOICE Mon_{am} Tue_{am} Wed_{am} Thu_{am} Fri_{am}

2ND CHOICE Mon_{am} Tue_{am} Wed_{am} Thu_{am} Fri_{am}

To receive the Nursery Education Fund grant you must provide a copy of your child's birth certificate before they start.

I HEREBY AGREE THAT:

1. I have read and understood the Pre-School's Term's and Conditions.
2. Fees are paid before, or on the first day, of each half term.
3. Before removing my child from the Pre-School, I will either give a FULL term's notice in writing or pay the relevant fees in lieu of notice.
4. The Pre-School has the right to serve one months notice of termination of this agreement.
5. I agree to pay a deposit of £50, refundable only against the first half terms fees (cheques made payable to Shining Stars Montessori Pre-School).
6. This agreement is a legally binding contract.

| Parent or Guardian | Admin |
|--------------------|-------------|
| Signature: | Signature: |
| Print name: | Print name: |
| Date: | Date: |