



FOR OFFICE USE:		
Fee paid	£	Date

KINDERGARTEN REGISTRATION FORM

Request for a place on the Registration List

CHILD INFORMATION			
Forename:		Surname:	
Middle name (s):		Date of birth:	
Gender:		Religion:	
Proposed term and year of entry:		Nationality:	
Class of entry:		Languages spoken:	
Home address:			
Home telephone no:			
PARENT 1			
Title:		Surname:	
Forename:		Relationship to child:	
Occupation:		Company:	
Mobile telephone no:			
Email address:			
Home address (if different from child)			
PARENT 2			
Title:		Surname:	
Forename:		Relationship to child:	
Occupation:		Company:	
Mobile telephone no:			
Email address:			
Home address (if different from child)			

CHILD'S HEALTH				If applicable, please list any allergies, disabilities or diagnosed learning difficulties. Please continue on a separate sheet of paper if necessary.			
SIBLINGS				Please list if you have any other children who are current or past pupils at Thomas's or who are currently on our Registration lists for any of our schools or the Kindergarten			
Name:				Date of birth:			
Name:				Date of birth:			
Name:				Date of birth:			
CONNECTIONS				Do you have any connection with a Thomas's School? If so please give details below.			
REGISTRATIONS				Have you registered your child's name at any other schools and, if so, which?			
HOW DID YOU HEAR ABOUT THOMAS'S? (please tick all that apply)							
Friends	<input type="checkbox"/>	Word of mouth	<input type="checkbox"/>	Reputation	<input type="checkbox"/>		
Website	<input type="checkbox"/>	Internet search	<input type="checkbox"/>	Schools' Guide/Agency	<input type="checkbox"/>		
Advertisement	<input type="checkbox"/>	Other (please state)					
DECLARATION (both parents must sign)							
<ul style="list-style-type: none"> I request that the name of my child listed at the start of this form be registered as a prospective pupil. I have paid the non-refundable registration fee of £100 by BACS payment <input type="checkbox"/> (Tick box) BACS details are: Account Name: Thomas's London Day Schools Sort Code: 16-00-55, Account No: 10003146 Reference: your <u>child's</u> surname followed by KG I understand that registration at the Kindergarten does not guarantee registration at any of the Thomas's Prep Schools and should I wish my child to attend one of the Thomas's Prep Schools, will follow this up independently at the school of my choice. I understand that the terms and conditions of the school will undergo reasonable changes from time to time as circumstances require and will apply in all my dealings with the School. I understand that the school (through the Head, as person responsible) may obtain, process and hold personal information about my child, including sensitive information such as medical details, and I consent to this for the purposes of assessment and, if a place is later offered, in order to safeguard and promote the welfare of the child. 							
Parent 1 signature:				Parent 2 signature:			
Date:				Date:			

Early registration is recommended. Registrations are subject to availability and the admission requirements of the School at the time when places are offered. Our current terms and conditions can be viewed on the Thomas's website: www.thomas-s.co.uk and a copy will be supplied upon request.

Once completed please return this form together with payment details to:
Kindergarten Registrar, Thomas's Battersea, 28- 40 Battersea High Street, London. SW11 3JB