



Paint Pots Registration Form

	Parent 1	Parent 2
Title and First Name		
Surname		
Address		
Postcode		
Email Address		
Mobile Tel Number		
Home Phone Number		



Paint Pots Registration Form

Child's Details	
First Name	Known As
Surname	Gender
Date of Birth DD/MM/YYYY	
Siblings at Paint Pots	
Application to ... (please tick the school of your choice)	<input type="checkbox"/> Bayswater St Stephen's, Westbourne Park Road, W2 5QT <input type="checkbox"/> The Boltons St Mary The Boltons, The Boltons, SW10 9TB <input type="checkbox"/> Hyde Park St John's, Hyde Park Crescent, W2 2QD
Requested Year of Entry	
Requested Term of Entry	<input type="checkbox"/> Autumn (September) <input type="checkbox"/> Spring (January) <input type="checkbox"/> Summer (April)

I would like to know more about your

- Creative Classes, Bayswater
- Creative Classes, The Boltons
- Empowered Parenting Program

Please fill in this form in BLOCK CAPITALS (One child per form)
Please return to our office address with a £70 registration fee*

Paint Pots Montessori Schools Office,
Studio 57 Battersea Business Centre,
99-109 Lavender Hill, London, SW11 5QL

*Applications recieved without payment will not be processed

All of these details are accurate and I accept responsibility for informing the school office of any changes to these details.

Signed _____

Date _____