



Rainbow Montessori Junior School

Registration Agreement

Full Name of child:

Term of Entry Spring Summer Autumn **Year**

Junior School

- 1 Any offer of a place is based on and subject to full disclosure by you of all information required on the Registration Form. Any change in the information supplied must be notified in writing to RMS prior to the place being taken up.
- 2 This agreement is subject to acceptance of and compliance with our School Policies as stated in our Parent Handbook, available on our website. Where a breach of our policies results in the withdrawal of a place, the school will not be held liable including for any fees or costs arising.
- 3 No verbal indication to or from any member of staff shall constitute a legal agreement between the school and yourselves.
- 4 Any amendment to terms and conditions above may only be authorised in writing by the Director. Your acceptance of the foregoing conditions constitutes a legal agreement between RMS and yourselves. The terms and conditions above constitutes a legal agreement between Rainbow Montessori School and yourselves both individually and severally.
- 5 I/we agree to pay the sum of £660.00 to be held by the Rainbow Montessori School (RMS). The £660.00 consists of a £60.00 non-refundable registration fee and a £600.00 deposit. The deposit of £600.00 will be deducted from my/our child's final term's fees subject to the following:
 - 4.1 The said deposit will be repaid to me/us in its entirety unless I/we have failed to give RMS one term's written notice before removing my/our child from the school.
 - 4.2 If my child is joining from a RMS Nursery, my pre-existing deposit of £300.00 will be transferred to the Junior School, leaving a balance of £300.00 to pay.

PLEASE COMPLETE & RETURN TO SECURE YOUR PLACE

BANK TRANSFER MADE PAYABLE TO 'RAINBOW MONTESSORI
BARCLAYS BANK SORT CODE: 20-36-16 ACCOUNT: 73267482

ALL FORMS MUST BE SIGNED BY BOTH PARENT(S) AND/ OR LEGAL GUARDIAN(S).

Carer 1 Full Name _____ **Carer 1 Signature** _____ **Date** _____

Carer 2 Full Name _____ **Carer 2 Signature** _____ **Date** _____

Office Use Only

Registration Fee: £60.00 0 Date Received.....
Deposit: £600.00 0 Date Received.....

Date Refund issued Via Bacs 0