

Kilmacow Montessori School

&

After-School Care

Dangan, Kilmacow, Co Kilkenny

Phone: 087-6117384 Email: kilmacowmontessori@gmail.com

Visit: www.kilmacowmontessorischool.com

Today's Date:	
PERSONAL INFORMATION	
Childs Name: Date of Birth:	
Address:	
Childs Age today:	
Parent/Guardian Information	
Mothers Name:	Phone:
Fathers Name:	Phone:
Guardian:	Phone:
Preferred Email Address:	



ADDITIONAL INFORMATION		
Are Parents Separated/Divorced?If so, with whom does the child live?		
Who will collect the Child from School?		
Please provide accurate information, as we WILL NOT allow the child to be collected from school by someone not on this list.		
		
		
(in the event of another party collecting the child, staff must be notified beforehand. If this is a permanent change. The school must be notified in writing to amend our records)		
EMERGENCY CONTACT		
If we are unable to reach you at your listed phone number, please provide an emergency contact.		
Name: phone:		
Name: phone:		



MEDICAL HISTORY

Name of Child	
Date of Birth	
Country of Birth	
Address	
Mothers Name	
Fathers Name	
Contact Information	

Immunisation Record

Has your child been immunised against?

Diphtheria	Yes/No	
Whooping Cough	Yes/ No	
Tetanus	Yes/ No	
Polio	Yes/No	
Measles	Yes/No	
Mumps	Yes/No	
Rubella	Yes/NO	

Has your child had:

Chickenpox	Yes/No
Scarlet Fever	Yes/No

Does your Child have any health conditions that would require special attention, medication or diet?
If so, please provide details:
Name of Childs Doctor:



About your Child

Please give us a general history of your child. Include health problems, physical disabilities, special needs, serious accidents, hospitalisations, or any other information you feel Kilmacow Montessori School should be made aware of.				
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I confirm all information within this enrolment form is correct.				
Parent/Guardian Signature:	Date:			
Parent/Guardian Signature:	Date:			

(All information retained by Kilmacow Montessori School is held in strict confidence)