



KILMACOW
MONTESSORI
SCHOOL

• Est 2005 •

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: _____ (as appears on birth certificate)

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: _____

