



KILMACOW  
MONTESSORI  
SCHOOL

• Est 2005 •

## Kilmacow Montessori School

&

## After-School Care

Dangan, Kilmacow, Co Kilkenny

Phone: 087-6117384 Email: [kilmacowmontessori@gmail.com](mailto:kilmacowmontessori@gmail.com)

Visit: [www.kilmacowmontessorischool.com](http://www.kilmacowmontessorischool.com)

Today's Date: \_\_\_\_\_

### PERSONAL INFORMATION

Childs Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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 After- 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: \_\_\_\_\_

\_\_\_\_\_



### SCHOOL INFORMATION

Name of Child	
Name of Primary School	
Contact Information	
Current Primary School Class	

### About your Child

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

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Please give us a general history of your child. Include health problems, physical disabilities, intellectual disabilities, special needs, or any other information you feel Kilmacow Montessori & After-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)*