



Montessori Registration and Booking Form

Child's Name: Enrolment Date:
Date of Birth: Deposit Paid:
Address: No of days attending:
 ECCE Participant:
 Date of first attendance:
Parents Email Address:

PARENT/GUARDIAN'S DETAILS:

Name:
Address:

Mobile No:
Landline:

EMERGENCY CONTACT DETAILS:

Name:
Address:

Mobile No:
Landline:

MEDICAL DETAILS

Please provide details of any relevant medical conditions (e.g asthma,epilepsy,ect):

Name of family Doctor:
Address: Telephone No:

Does your child have any allergies or food intolerance's?
Does your child have any special dietary requirements?

Do we have your consent to provide medical treatment in the event of an accident /emergency?

Yes No (please tick as appropriate)

Comments

ADDITIONAL CARE/SUPPORT:

Does your child require any special care or attention in any respect of their development? If so please provide details so that we can ensure that we meet the needs of your child:

AUTHORISATION FOR COLLECTION:

Please provide name of any other adults authorised to collect your child from Montessori Class:

Name 1:

Name 2:

Relationship to child:

Relationship to child:

Telephone No:

Telephone No:

I confirm that the details provided above are correct:

Name:

Date:

Signature:

M&A's Website and School Notice has a news section where parents can view this page/board to see what is happening each semester at the School! We would love to upload some pictures of all the children's art, school work, birthdays, special occasions or the children with their friends etc. and during Camps, however I will require written permission from parents in order to upload pictures of your child.

I, _____ parent of _____ give

Sharon Moyles from M&A's Montessori, Music and Art School permission to take photographs of my child/children for use of the Schools News notice board and news section of M&A's Website.

Date: _____

Or

I, _____ parent of _____ do not

give Sharon Moyles from M&A's Montessori, Music and Art School permission to take photographs of my child/children for use of School News notice board and news section of M&A's Website.

Date: _____

Unit 4, Axis Business Park, Tullamore, county offaly.

Tel: 057 9361623 Mobile: 086 3478141

Web: www.monfessorimusic.ie Email: sharon@monfessorimusic.ie





BOOKING FORM

I enclose a booking deposit of € to reserve child's Name

for Montessori class:

I understand that the deposit is non-refundable.

Name:

Signature:

Date:

A receipt and confirmation slip will be issued upon receipt of deposit.

Unit 4, Axis Business Park, Tullamore, county offaly.

Tel: 057 9361623 Mobile: 086 3478141

Web: www.montessorimusic.ie Email: sharon@montessorimusic.ie

