

# Tir Na nOg Montessori

Glen Rovers GAA, Ballincollie Road, Ballyvolane, Cork, T23 E6PK.

Telephone: 086 8139324 email : tnnogmontessori2020@gmail.com

Follow us on facebook @ Tir Na nOg Montessori & Instagram @ tirnanog\_montessori



## REGISTRATION FORM

(Enrolment secured only on return of this registration form along with registration fee)

Chld's Full Name: ..... Date of Birth: .....

Address: .....

Home Telephone: ..... Sex: .....

Mother's Name: ..... Mobile: .....

Workplace: ..... Work Tel.: .....

Father's Name ..... Mobile: .....

Workplace: ..... Work Tel.: .....

Date of commencement: ..... Date ceased attending: .....

Please tick the following:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

# Medical Information

Immunization received by your child to date- tick where appropriate:

Age	Vaccination	Vaccinated
At Birth	B.C.G. (TB)	
2 Months	6 in 1 & PCV	
4 Months	6 in 1 & Men C	
6 Months	6 in 1 & PCV & Men C	
12 Months	MMR & PCV	
12 Months	Men C & Hib	

**Please provide printed copy of vaccination which can be got from your GP.**

Doctor's Name: ..... Tel.: .....

Address: .....

## Emergency Contact and number other than parents:

Contact 1: ..... Tel.: .....

Contact 2: ..... Tel.: .....

Does your child have any allergies / illness / disabilities / special needs?

.....

.....

.....

.....

Parent's signature: .....

**Accident and or Emergency Consent:**

I / We ..... parent / guardian of  
..... give my permission to the management of Tir Na nOf Creche &  
Montessori to act on my behalf in case of emergency or accident and to take such action as may be  
necessary for the benefit of my child. This decision is to be taken by the person in charge at the  
time of emergency,

Parent / guardian signature: .....

Tir Na nOg signature : .....

**Permission to be photographed or video recorded while in the care of the  
nursery staff:**

I / We hereby give permission for my child ..... to be photographed or  
video recorded under the supervision of the nursery manager.

Signed: ..... Parent / guardian

Signed: ..... Tir Na nOg

Date : .....

**Authorised collection permission give to the following individulas:**

Name: .....

Address : .....  
.....

Telephone: .....

Relationship to the child: .....

Photograph provided: Yes / No