



Bright Sparks Registration Form

Child's Name: _____ Date of Birth: _____

Home Address: _____

Mother's name & number _____

Father's name & number _____

Emergency/alternative contact: _____

Authorised persons collecting the child: _____

Please list any allergies: _____

Vaccinations up to date? _____

Special needs/additional requirements: _____

Doctor's name: _____ Doctor's phone no. _____

Doctor's address: _____

Class preference : _____

Hawthorn: 8.45-12.15 , Sycamore: 9 - 12.30, Oak: 12.45 - 4.15

Starting year: _____ Attending 1 or 2 yrs? _____

E-Mail address: _____

Please sign below to consent for appropriate medical treatment in the event of an emergency:

****For part time places please fill in the 'Fees Form' indicating your chosen days****

Please note that a place is not secure until you pay a deposit & receive a confirmation letter

Bright Sparks Montessori, Kinsealy Lane, Co.Dublin

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www.brightsparksmontessori.ie

086 854 0870