



Pre-Registration Form

Date of Application:

Little Rascals Montessori & Creche, Compass Quay, Kinsale, Co. Cork | tel: 021 4777687  
[www.kinsalechildcare.com](http://www.kinsalechildcare.com) Email: [fionaodonovan08@gmail.com](mailto:fionaodonovan08@gmail.com)

Please post all completed forms to the above address to the attention of Fiona O'Donovan

(Please circle where applicable below)

<b>Child's Names:</b>	<b>Surname:</b>
DOB/(Estimated)DOB:	<b>Gender:</b> Male Female
Type of care requested:      Montessori      Day-Care      After School	
If After School care is required, name of school: _____	
Days of care required: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY PART TIME or FULL TIME MORNINGS or AFTERNOONS	
Are you flexible with days requested:	YES NO
Date care required from:	
Does your child have any special needs?	YES NO
If YES, please provide details:	
Does your child have any allergies?	YES NO
If YES, please provide details:	

Mother's Name:	Surname:
Home Address:	
Home phone:	Mobile:
Email Address:	
Work contact:	

Father's Name:	Surname:
Home Address:	
Home phone:	Mobile:
Email Address:	
Work contact:	

**Please Note:** Whilst every endeavour will be made to place your child, this pre-registration form is not a guarantee of placement. Please feel free though to contact us at anytime to see the progress of your application.