



St. Nicholas Montessori Society of Ireland

Kingston House, 64 Patrick Street, Dun Laoghaire, Co Dublin
Tel. 01 2805705 Fax 01 2805705 Email info@montessorireland.ie
www.montessorireland.ie

Montessori County Network Membership

Membership Number: _____ Year of Application: 1st September 20__ to 31st August 20__

Please complete in **BLOCK CAPITALS**

Name: _____

Address: _____

Telephone: _____ Mobile: _____ Email: _____

Correspondence will be by email where possible.

First Time Member Renewal

Please tick appropriate box ✓

Teacher Qualifications

Montessori Qualification _____

Awarding Body _____

Year of Award _____

Are you currently employed as a Montessori Teacher Yes No

Are you self-employed Yes No

Category of Membership: Montessori County Network Membership **Fee:** €25

Entitlements

Network Membership entitles you to avail of the following:

- Application for certification of Montessori Preschool Programme
- Newsletters and information.

I wish to apply for Network Membership of St. Nicholas Montessori Society of Ireland

I enclose the appropriate fee of € _____

Signed: _____

Date: _____

If you are a Montessori Preschool OWNER please complete this section

Name of Montessori Preschool _____

Address (if different from above) _____

Telephone _____ Email _____

Is your Montessori Preschool

St. Nicholas certified: Yes

Certificate No: _____ No

HSE Notified: Yes

Date of report: _____ No

ECCE Scheme participant: Yes

No

What age group do you cater for?

0-6 years

3-6 years

What programmes/services do you provide?

Montessori Preschool –Sessional

Full Day Care

After School Programme

Special Needs

Other

Please return completed form and fee to:

The Administrator,
St Nicholas Montessori Society of Ireland,
Kingston House,
64 Patrick Street,
Dun Laoghaire,
Co.Dublin.

For office use only

Amount of payment received: € _____

Method of payment: Cheque Postal Order Bank Draft Cash

Date Stamp: _____

Entered on database _____ Receipt issued _____

