

**APPLICATION FORM**

**UNIT 1B**

DATE OF APPLICATION:

NAME OF CHILD: DATE OF BIRTH:

START DATE:

PARENT/GUARDIAN NAME 1:

PHONE: E-MAIL:

ADDRESS:

PARENT/GUARDIAN NAME 2:

PHONE: E-MAIL:

ADDRESS:

**PRE-SCHOOL SESSIONAL ECCE (FREE): 9.00am-12.00pm Session 9.30am-12.30pm Session**

**5 DAYS (MON TO FRI)**

**3 DAYS (MON, TUES & WED)**

**2 DAYS (THURS & FRI)**

**Early Start: (€5 per morning) 8.30am-9.00am (***ONLY AVAILABLE IN THE 9.00AM SESSION***)**

**5 DAYS (MON TO FRI)**

**3 DAYS (MON, TUES & WED)**

**2 DAYS (THURS & FRI)**

**AFTER SCHOOL CLUB:**

**SCHOOL:** *WE ONLY COLLECT FROM SCOIL PHADRAIG NAOFA, FOXWOOD* **TIME OF COLLECTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE TICK APPROPRIATE DAYS: Mon Tue Wed Thurs Fri**

|  |
| --- |
| **Any other information:**  |