

Application Form

Child's Name: _____ Gender: _____

Date of Birth: _____ Age: _____ Years _____ Months

PARENTS:

Name of Mother: _____

Address: _____

Home Phone: _____ Where Employed: _____

Mobile Phone: _____ Work Phone: _____

Name of Father: _____

Address: _____

Home Phone: _____ Where Employed: _____

Mobile Phone: _____ Work Phone: _____

If parents are divorced, which parent has custody of the child? _____

Time Desired: _____ Hours per week

*A deposit of €150 must accompany this application**

Signature of Parent/Guardian

Date: _____

FOR CENTER USE ONLY

Date of application received: _____

Date child is eligible for entrance: _____

**Deposit not refundable unless the child is refused admission to the program.*