

# Young Explorers' After School Application Form



Parents/Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of application: \_\_\_\_\_

Name of School \_\_\_\_\_

Do you require your child to be picked up? {Yes} {No}  
If so at what time? \_\_\_\_\_

What class is your child in? \_\_\_\_\_

Which days do you wish to avail of please Tick:

Monday	Tuesday	Wednesday	Thursday	Friday

Would you like to be contacted if any other days become available/ some of the days ticked or only the days you have requested. Please elaborate:

\_\_\_\_\_

Are you interested in our 1 hour collection (**Scoil Santain ONLY**)  
(1.30 -2.30 Monday – Friday)

\_\_\_\_\_

Please note that completion of this form places your child's name on a waiting list and does **NOT** entitle him/her to a place in the After School.

Kim Kennedy  
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