

Young Explorers' Preschool

Application Form



Parent/Guardians Name: _____

Address: _____

Phone: _____

Child's Name: _____

Child's date of birth: _____

Date of application: _____

Date child is 2 years 6 months old: _____

Does your child have any special requirements/ Is there anything else we need to know in regards to your child?

Please indicate which session or sessions you are interested in

8.45 – 11.45 _____

9-12.30 _____ **(ECCE and extra half hour)**

12 -3.00 _____

If you are interested in more than one session please number in order of preference e.g 1,2, 3

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 preschool.

Kim Kennedy

01 4590770

kimkennedy@dominicscc.com