



# *Young Explorers' After School Application Form*

Parents Name: \_\_\_\_\_

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

\_\_\_\_\_

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

Child's Name: \_\_\_\_\_

Child's 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? \_\_\_\_\_

How many days do you wish to avail of please Tick?

Monday	Tuesday	Wednesday	Thursday	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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