

# *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

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