

Chrysalis Montessori and Afterschool

Castleknock, Dublin 15

01 8220358 / info@chrysaliscastleknock.ie

APPLICATION FORM

Child's Name: _____

Date of Birth: _____ **Gender:** Male Female

Address: _____

Contact Telephone numbers: _____

Home Telephone number: _____

Email: _____

Emergency Contact Numbers: _____

Parents Name: _____

Work Address: _____ **Tel no:** _____

Parents Name: _____

Work Address: _____ **Tel no:** _____

Has your child been immunised for:

6 in 1	___
Men C	___
PCV	___
MMR	___
Hib	___

Doctor's Name: _____ **Tel no:** _____

Address: _____

Email: _____

Please give details of any plaster / first aid allergies, food allergies and any specific dietary requirements:

PRE-SCHOOL AGE

Please tick the following requirements:

Montessori <i>incl.</i> ECCE (9.15am – 12.30pm)	Yes	No
Montessori <i>incl.</i> ECCE (8.45am – 12.30pm)	Yes	No
Montessori <i>incl.</i> ECCE (8.45am – 1.25pm)	Yes	No
Half Day Care <i>incl.</i> ECCE (8.00am – 2.00pm)	Yes	No
Full Day Care <i>incl.</i> ECCE (8.00am – 6.25pm)	Yes	No
Free Pre School Year (ECCE) (12.30am - 3.30pm)	Yes	No

SCHOOL AGE

Please tick the following requirements:

After School Care	Yes	No
Afterschool Care and Early Morning Club	Yes	No
Infants Club (1.30am-2.25 pm only)	Yes	No
School Holidays Club only	Yes	No

Name of Primary School: _____ Class _____

Teacher's Name if known: _____

Starting Date: _____ Finishing Date: _____

I give permission for my child _____ to be collected by
Chrysalis staff from their School.

Signatures of Parent/Guardian _____ Date _____

Official Use : Received by: _____ Date Received: _____