

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 (8.40am – 12.30pm)	Yes	No
Montessori <i>incl.</i> ECCE (8.40am – 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) (12.30pm - 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 (1.30pm-2.25 pm 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.

Before Signing this form, please ensure that you have visited the Chrysalis website at www.chrysaliscastleknock.ie and read and accepted our Privacy Policy.

Signatures of Parent/Guardian _____ Date _____

Official Use : Received by: _____ Date Received: _____