



Preschool Enrolment Form



Child's Details:

First Name: _____

Surname: _____

Date of Birth: _____

PPS Number: _____

Gender: _____

Nationality: _____

Address: _____

Allergies: _____

Parent/Guardian Details:

Mother's Name: _____

Contact Number: _____

Email: _____

Address: _____

Father's Name: _____

Contact Number: _____

Email: _____

Address: _____

Emergency contact number(s) (if parents cannot be contacted):

Name: _____ Number: _____

Name: _____ Number: _____

Who has Permission to collect your child (other than the child's parents)

Name: _____ Number: _____

Name: _____ Number: _____

Any further information that you consider of relevance:

Registration Fee (This will be **refunded** when your child will start in our Preschool)

A registration fee of €50 paid: Yes

No

Parents / Guardian(s) Signature(s):
