



BOOKING FORM

CHILD'S FULL NAME _____

Date of Birth ____/____/____

Male / Female _____

<i>School year September 2019 – June 2020</i>	Note:
<i>Deposit of €200 is required to book the place</i>	€_____ paid _____ <i>date & manager's signature</i>

CHOSEN PRIMARY PHONE NUMBER TO CONTACT PARENTS _____

PRIMARY EMAIL _____

MOTHER/GUARDIAN _____

Address _____

_____ phone: _____, work _____

FATHER/GUARDIAN _____

Address _____

_____ phone: _____, work _____

Has child had any other pre-school or crèche experience? _____

Does child understand and communicate in English? Y/N (if not what language _____)

Special / additional needs

Does your child suffer from any medical conditions or allergies? If so, please outline details and any special requirements:

Does your child suffer from any physical disabilities? If so, please outline details and any special requirements:

Does your child suffer from any hearing and/or speech difficulties? If so, please outline details and any special requirements: _____

Does your child have any specific dietary requirements: _____

Any additional information _____

Does your child have any allergies?

Yes []

No []

If Yes, Please Fill In the Form Below

