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Learning through discovery and play

APPLICATION FORM

Please Print Your Details

Family Details

Child's Surname: _____ Child's Name: _____

Address: _____

Date of Birth: / / Sex: Male ☐ Female ☐

Parents Full Names: Parent 1: _____

Parent 2: _____

Parent or guardian if different from above:

Contact Information

Contact Numbers: Parent 1: Work: _____ Mobile: _____

Parent 2: Work: _____ Mobile: _____

Email Address: Parent 1: _____ Parent 2: _____

Parent or guardian if different from above: _____

Care Information

Branch required: _____

Start Date: / /

Room:

☐ Baby Room

☐ Toddler Room

☐ Preschool Sessional

☐ Preschool Half Day Care (9am-2pm)

☐ Preschool Full Day

☐ Afterschool Club (if yes complete below)

Days:

Monday - Friday ☐

or

Specify Days: _____

School Attended: _____

Finishing Time: _____

General Information

Does your child have any special dietary requirements?

Yes ☐

No ☐

If yes please list:

Has your child previously attended a creche/preschool?

Yes ☐

No ☐

If yes, for how long? _____

If there is any additional information regarding your child's personality that you think would help us to get to know him/her better please let us know:

Signature: _____ Date: _____