



Application Form

Baby Room, Toddler Room, Senior Room

Thank you for your interest in our children's centre. On submission of this application form your child will be placed on a waiting list and offered a place subject to availability. Your offer of a place will be confirmed in writing by the Centre. Places in the Baby Room, Toddler Room and the Senior Room are offered on a 52 week basis inclusive of all mid-term breaks and the summer holidays. For full terms and conditions please refer to the Centre's Parent Handbook.

Child's name: _____ Date of Birth: _____

Address: _____

Mother's name: _____ Occupation: _____

Mobile Number: _____ Home Number: _____

Father's name: _____ Occupation: _____

Mobile Number: _____ Home Number: _____

Please circle your preferred room, days and session you require for your child. To learn more about the right program for your child's age, please visit www.kinvaracc.ie/ourprograms .

Baby Room

Monday Tuesday Wednesday Thursday Friday

Full day care only: 7.30am – 6.30pm

Toddler Room

Monday Tuesday Wednesday Thursday Friday

1. Morning session: 7.30am – 1.30pm
2. Afternoon session: 1.30pm – 6.30pm
3. Full day care: 7.30am – 6.30pm



Senior Room

Monday Tuesday Wednesday Thursday Friday

1. Morning session: 7.30am – 1.30pm
2. Afternoon session: 1.30pm – 6.30pm
3. Full day care: 7.30am – 6.30pm

Preferred start date: _____

The Board of Management reserves the right to change the services available and procedures for managing waiting lists in accordance with the needs of the business and the community.

I _____ (parent's name) understand that completion of this form does not automatically guarantee a space in the Kinvara Community Childrens' Centre.

SIGNED: _____ **Date:** _____