



Butterflies

Knockmore/Rathduff community Playgroup
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government supporting communities



EUROPEAN UNION
STRUCTURAL FUNDS



NDP
NATIONAL DEVELOPMENT PLAN
2007-2013



Registration Form

Full Name of Child:.....

Date of Birth:

Address:

.....

Home Tel No:.....email:.....

Type of Placement Required (Morning places are prioritised for the 2yr E.C.C.E scheme.)

Please tick:

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 9.00am-12.00pm					
Afternoon 1.00pm-4.00pm					

When do you anticipate that your child will be ready to start at playschool?

Start Date (e.g. Month).....year.....

How long do you anticipate your child will be with us? (Please tick)

One year..... Two Years.....

Mother's Name:.....

Mobile No:.....Work Tel No:.....

Father's Name:.....

Mobile No:.....Work Tel No:.....

If parents/guardians are not available to collect their child(ren) at the relevant times or should any emergency occur where we cannot contact the parents/guardians please name four other contact people who are willing to pick up at the relevant times. **Include Photo where possible.**

Name	Address	Tel No (s):	Relationship to Child
		Tel: Mobile:	
		Tel: Mobile:	
		Tel: Mobile:	
		Tel: Mobile:	

Details of Family General Practitioner for your child:

Name.....

Address:

Tel No:.....

Does your child have any specific medical information you would like us to know about?.....

Signature:.....Date:.....

Relationship to child:.....

For staff use

Date child first attended.....Date of last day attending.....

Staff initials:.....