

REGISTRATION FORM

Part 1 - Child' s details

NAME OF CHILD _____

HOMEADDRESS _____

DATE OF BIRTH ____/____/____ MALE __ FEMALE__
(For unborn children please give an estimated date.)

Part 2 - Details of both parents (where applicable)

	Details of parent 1	Details of parent 2
Full name		
Employer		
Home address if different to child		
Work address		
Home telephone no.		
Mobile telephone no.		
Work telephone no.		
Email address		

Part 3 - Day Care Requirements

Start Date __/__/__

Montessori 3 hour session __

Montessori 3.5 hour __

Full day care __

After School __

If part of a week is requested please indicate days below:

Monday	Tuesday	Wednesday	Thursday	Friday

All non ecce sessional children attend for three and a half hours.
Depending on numbers the class may be divided into two separate classes, a three hour session and three and a half hour session.

I have received a copy of Rainbow Daycare Guidelines and I accept them

Signed by parent 1 _____

Signed by parent 2 _____

Date _____

Booking Deposit € 250.00 for all places. Booking deposit is deducted from the child' s first month' s fees.

Fee enclosed Yes ___ No ___