Edenmore Early Education Centre

Waiting List Form

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Of Birth: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/ Guardian 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us?

Do you require a preschool (2.8 months upwards before Sept) or playgroup place? (2+)

Morning or afternoon?

(We cannot guarantee your preference.)

Would you be interested in extra hours (free preschool place ECCE is for three hours only 8.45am to 11.45am)

Yes No

You may be entitled to assistance with the fee please see: www.ncs.gov.ie

Has your child attended any other childcare centre? If so where? For how long?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Additional information** |
| Had 2year/3year developmental check up with Public Health Nurse |  |  |  |
| Had vision checked? |  |  |  |
| Had hearing checked? |  |  |  |
| Seen a speech and language therapist? |  |  |  |
| Been referred to any other developmental specialist teams? E.g. Early Intervention? Assessment of Need |  |  |  |
| Family are availing of Family Services support e.g. Tusla or Aster Family Support etc. |  |  |  |

* Additional Information (does child or family have extra needs that may need to be supported? Etc)

**By signing this form I consent to Edenmore Early Education Centre storing my child’s data. This information will be used for administration purposes. In the event that your child does not receive a place this file will be destroyed.**

**Parent/ Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Return to:**

Edenmore Early Education Centre, Tonlegee Road, Dublin 5

**Email:** info.edenmore@gmail.com **Phone:** 018679902 /03 **Mobile:** 0852033851

**Website:** [www.edenmoreearlyeducationcentre.ie](http://www.edenmoreearlyeducationcentre.ie)