Application form for Early Start

Scoil Padre Pio:

**School Year:** ………………………………………………………………….....

Name of Child: ………………………………………...........................................

Address: ………………………………………………………………………….

……………………………………………………………………………………

Date of Birth: …………………………… P.P.S.N: …………………………….

Name Parent 1: ...………………...……... Tel. No 1: ……….………………......

Name Parent 2: ..…………………........... Tel. No 1: ……….…………………..

Name of Guardian: ……………………... Tel. No: ………….……………….....

Contact in case

emergency: ……………………………….Tel. No: …………………………….

**Illness/Allergies Details :**

Illness: ……………………………………………………………………………

Allergies: …………………………………………………………………………

Family Doctor: …………………………… Tel. No: ……………………………

Address: ………………………………………………….....................................

**Enrolment Preference:**

 Morning class 8.50a.m. – 11.40 a.m. □

Afternoon class 12.10p.m. – 2.30p.m. □

Who will collect your child?

1. ………………………………………………………………………………...
2. ………………………………………………………………………………...

Parent/Guardian Signed: …………………………………………………………

*For office use only:*

*Date received:*