

APPLICATION FORM

Please print your details



Head Office:

54 Iona Crescent,

Drumcondra,

Dublin 9.

Telephone: 0868581297

0851449610

Childs Surname: _____ Childs First Name: _____

Date of Birth: ____ / ____ / ____ Sex: Male ☐ Female ☐

Address: _____

Parents/Guardians Full Names: _____

Contact Numbers: Home/Work: _____ Mobile: _____

Primary Email Address: _____

Premises Preferred: Iona ☐ ABCD ☐ Start Date: _____
Jr. & Sr. Infants 1st -6th Class

School Name: _____ Teachers Name: _____

Class: _____ School Collection Time: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	None
Days Required:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mornings (8-9am):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are these days flexible?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Hot meals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Allergies: _____

Special Notes: _____

Deposit of €200 Lodged ☐ Enclosed ☐

Please Lodge to: Tenderhearts Account Account Number: 37415094

Sort Code: 93.23.96 BIC: AIBKIE2D IBAN: IE70AIBK93239637415094

Please ensure your childs name is on the comment line.

Deposit of €150 will be returned on last month child attends, €50 of deposit is kept to defray administration expenses.

Signature: _____ Date: _____