

HOLIDAY CAMP ENROLMENT 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

Days Required: Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

Full Days ☐ Half Days ☐ Hot meals? Yes ☐ No ☐

Allergies: _____

Special Notes: _____

Signature: _____ Date: _____