

SCOIL MHUIRE AGUS EOIN MAYFIELD PRIMARY SCHOOL

EARLY START APPLICATION FORM

SECTION 1

Name of child _____

Child's date of birth _____

Birth Certificate required with the application and will be returned.

Country of birth _____

Child's P.P.S. Number _____

Child's Home Address (address where child lives) _____

Home phone no. _____ Mobile no. _____

SECTION 2

Mother's Name _____

Country of birth _____

Occupation _____

Standard of Education reached: Primary () Junior Cert.() leaving Cert.() third Level ()

Mobile no. _____ Email : _____

SECTION 3

Father's Name _____

Occupation _____

Country of birth _____

Standard of Education reached : Primary () junior cert.() leaving cert.() third level ()

Mobile No. _____ Email: _____

SECTION 4

EMERGENCY CONTACT PERSON 1.

Name _____

Address _____

Phone No. _____

EMERGENCY CONTACT PERSON 2.

Name _____

Address _____

Phone No. _____

SECTION 5

Family home: Please tick either. Is it owner –occupied() tenant occupied().

Marital status: Married() Single() Separated() Widowed() lone parent() co-habiting()

Medical Card Holder: Yes () No ()

If “yes” please state medical card number _____

Please state any illness/allergies/other information you would like us to know about your child:

SECTION 6

Names and dates of birth of sisters

Names and dates of birth of brothers

SECTION 7

Year in which you wish to enrol your child in Early Start:

September 2020 () September 2021() September 2022 () September 2023 ()

SECTION 8

To what primary school do you intend to send your child:

Scoil Mhuire agus Eoin Mayfield Primary School () St. Patrick's () New Inn () Gaelscoil Gort

Alainn ()

Other ()- please state name of school _____

EARLY START HOURS (5 days a week) : please tick your choice-

8.50 a.m. to 11.20 a.m. (morning session) _____

OR

11.50a.m. to 2.20p.m. (afternoon session) _____

OR

Either time (no preference) _____

In the event of receiving a place ,every effort will be made to give the family their time of choice but this cannot be guaranteed.

SECTION 9

Other information:

Does your child have any hearing difficulties? _____

Does your child have any speech difficulties? _____

Does your child have any language difficulties? _____

Does your child have any sight difficulties? _____

Does your child have any behavioural difficulties? _____

Does your child have any mobility difficulties? _____

Has your child attended crèche or preschool previously? _____

If "yes", please state where _____

Please return application form and birth certificate to the school office or to the Early Start classroom .

Signed: _____

Date: _____

SCOIL MHUIRE AGUS EOIN MAYFIELD PRIMARY SCHOOL

EARLY START APPLICATION GUIDELINES FOR PARENTS

Please read the following guidelines before filling out the application form.

*Children must be 3 years old by September 1st and not older than 4 years 7 months on the year they wish to attend Early Start.

*Children should be toilet trained (if possible).

*Healthy lunches are actively encouraged as we are a health promoting school.

*Early Start runs five days a week. Each session lasts two and a half hours.

Morning session - (8.50a.m. to 11.20 a.m.)

Afternoon session - (11.50a.m. to 2.20 p.m.)

*Parents are invited to attend some sessions throughout the year for various activities with the children.

*Completed Application forms are accepted at the school's main office or by the Early Start staff.

*Offers of places in Early Start are communicated to parents in writing in April of the year the child is due to attend.

*In the event that you receive a place in Early Start and do not wish to accept it, please inform us of this by ringing the school office on (021) 4503003. The place will then be offered to the next child on the waiting list.

Thank You