



## EARLY START APPLICATION GUIDELINES FOR PARENTS

**Please read the following guidelines before filling out the application**

- ❖ Children must be 3yrs & 2months old by September 1<sup>st</sup> and not older than 4yrs & 7months 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 (9am to 11.30am)

Afternoon session (12noon to 2.30pm)

- ❖ 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 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. This place will then be offered to the next child on the waiting list.

Thank You ☺

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 application and will be returned.

Country of birth: \_\_\_\_\_

Child's P.P.S. Number \_\_\_\_\_

Child's Home Address (address where child lives) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section 2.**

Mother's Name: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Standard of Education reached: Primary ( ) Junior Cert. ( ) Leaving Cert. ( ) third level ( ) Other ( )

**Section 3.**

Father's Name: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mobile no: \_\_\_\_\_

Standard of Education reached: Primary ( ) Junior Cert. ( ) Leaving Cert. ( ) third level ( ) Other ( )

**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. 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 births of sisters

Names and date of birth of brothers

---

---

---

---

---

---

---

---

---

---

**Section 7.**

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

September 2023 ( ) September 2024 ( ) September 2025( ) September 2026 ( )

**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

9am to 11.30am (morning session) \_\_\_\_\_

**OR**

12noon to 2.30pm (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 with Birth Certificate to the School Office or to the Early Start Classroom.

**Signed:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_