EARLY START APPLICATION GUIDELINES FOR PARENTS

Please read the following guidelines before filling out the application

- Children must be 3yrs & 2months old by September 1st 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 2025 ( ) September 2026 ( ) September 2027( ) September 2028 ( )

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: _____