



THE CHILDREN'S HOUSE PRIMARY
Montessori School Age 3-12

APPLICATION FORM

Name of child: _____

Date of birth: _____

Name of parent(s): _____

Address: _____

Mother's telephone no: _____

Father's telephone no: _____

Mother's email: _____

Father's email: _____

Proposed date of entry to
The Children's House
Primary: _____

Date your child becomes
eligible for the ECCE
scheme (if applicable): _____

If your child is eligible for
the ECCE scheme would
you like to avail of the
extra half hour with its
associated time-based
charge: Yes / no

Date of application: _____

Parent's signature: _____

P.T.O

***Place in the family?** _____

***While at The Children's House Primary I/we intend our child to:**

	Yes	No
Complete the 2 year ECCE scheme		
Complete the 3-6 Junior Class 3 year cycle		
Complete the 6-9 Senior Class 3 year cycle		
Complete the -12 Senior Class 3 /4 year cycle		

***Should there not be enough places in the morning session (9-12.30) would you be interested in an afternoon session (1.30-4.30pm)?**

Yes/no Any comments? _____

***Does your child have any allergies/ medical conditions/ learning support needs/ special education needs, please give details:**

Has your child been home – schooled and/or attended pre-school/ school/day care or any care outside the home, please give details: _____

Administration Fee: €50 enclosed yes /no

Or date of electronic transfer _____

(This fee does not guarantee a place for the child and is non-refundable.)

PAYMENT

- by bank transfer - identified with child's name to: The Children's House Ltd No 1 Account,
Bank of Ireland, Stillorgan, Sort Code 90 13 35, A/c no 45559369
IBAN number: IE55 BOFI 9013 3545 5593 69 BIC : BOFIE2D