

# Johnstown Community Childcare Centre

Main Street, (behind St Kieran's hall)

Johnstown,

Co Kilkenny

056-8838562

Email [childcarejohnstown@gmail.com](mailto:childcarejohnstown@gmail.com)

EARLY YEARS APPLICATION.

AFTER SCHOOL APPLICATION.

## Application Form

**Thank you for taking the time to fill out this form. All information is confidential and used only for the purpose of providing a suitable childcare place for your child.**

Name of Child .....

Date of Birth.....

Address.....

Parent's/Guardian's details

Name

Address

Telephone

1.....  
.....

2.....  
.....

Other children's (siblings) details

Name

Date of Birth

1 .....  
2 .....  
3 .....  
4 .....  
5 .....

Further details about your child

Doctor's name

Address

Telephone

.....  
.....

Does your child have any allergies?

YES..... NO.....

If YES, please give details

.....  
.....

Does your child have any medical conditions, additional needs/ disability? YES... NO.....  
(eg Asthma, Epileptic etc)

If YES, please give details

.....  
.....

Is there any other relevant information about your child that we should know?

.....  
.....  
.....  
.....

Where did you hear about us?.....

**What type of child placement do you require?**

*(Please fill out the approximate times you will need childcare for, time and dates can be changed be changed if needed)*

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
<u>STARTING TIME</u>					
<u>FINISHING TIME</u>					

To best accommodate all children/families from the community are the hours/days you require flexible? Yes  No

Do you need childcare to?

1. Access employment
2. Access Education
3. Have time for your child to play with others
4. Other \_\_\_\_\_

Has your child attended pre-school/childminder before? Yes  No

If yes for how long?.....

**If you have any other information that you think is relevant please feel free to attach on a separate letter.**

**SIGNED .....**

**Date .....**

**If any information / circumstances change while you are on the waiting list please do not hesitate to let us know.**

<b><u>CCS Scheme</u></b> <i>(Are you....)</i>			
BAND A	<input type="checkbox"/>	BAND /AJ	<input type="checkbox"/>
BAND B	<input type="checkbox"/>	“Free preschool”	<input type="checkbox"/>
NOT APPLICABLE	<input type="checkbox"/>		

Please ask staff for guidelines on which band applies to you.