**Breffni Childcare**
Breffni Crescent,
Carrick-on-Shannon,
Co. Leitrim, N41 X9D6
**Email: childcarebreffni@gmail.com**

**Application for Waiting List**

*It’s very important that this form is fully completed, so we can assess your application thoroughly. Please call if you have any questions.*

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

**CHILD’S INFORMATION**

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/ GUARDIAN INFORMATION**

Parent’s/ Guardian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADITIONAL INFORMATION**

**Enrolment**

I would like to enrol my Child for:

Preferred Month and Year of entry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Time Part Time

Days of the week required:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Monday  | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

Unfortunately, we are unable to guarantee that a place will be available for the preferred time. Positions are offered as they become available and are determined by date of application. If you are unable to accept a position, your Child will retain their name on the wait list. There is however, no guarantee of how long it will be before the next position becomes available.