

Bridget's Montessori Pre-School

Application Form

Child's Name: _____

Address: _____

D.O.B: _____

Parents Name/s:

Mother _____ Daytime Ph No. _____

Father _____ Daytime Ph No. _____

Parents Address/s:

I/we wish to secure a place at Bridget's Montessori Pre-School for my child in
September 20____ and 20_____

I/we would like: The Morning Session 9.00 – 12.00

I/we would like: The Afternoon Session 12.30 – 3.30

I/we wish to avail of the free ECCE place for two years 5 days per week

Monday – Friday

Signed: _____

_____ Date: _____