

Club Spraoi

Clárú /Registration Form



	AINM/FIRST NAME	SLOINNE/SURNAME
Ainm an Pháiste: Name of Child:		
Seoladh: Home Address:		Guthán/Home Telephone No:
Dáta Breithe: Date of Birth:	DOB:	PPS:
Máthair an ghasúir: Mothers Name:	Athair an ghasúir: Fathers Name:	
Guthán Póca: Mobile No:	Guthán Póca: Mobile No:	
Obair / Work No:	Obair / Work No:	

Ainmnigh beirt daoine fásta eile sa chás nach mbeadh tuismitheoir ar fáil/If parents are not available in an emergency please name two other adults that may be contacted.

AINM/NAME	SEOLADH/ADDRESS	UIMHIR GHUTHÁIN /PHONE NUMBER	GAOL LEIS AN LEANBH/ RELATIONSHIP TO CHILD.

Does your child have any of the following?

Medical Condition:	No	Yes (Specify)
Disability:	No	Yes (Specify)
Allergy:	No	Yes (Specify)
Special Dietary Needs:	No	Yes (Specify)

**Laethanta ina mbeidh do pháiste ag an gClub Spraoi/
Days you wish your child to attend the After-School?**

<u>Laethanta / Days</u>	<u>Am / Time</u>
Luan / Monday	
Máirt / Tuesday	
Céadaoin / Wednesday	
Déardaoin / Thursday	
Aoine / Friday	

Síniú/Signed: _____

Dáta/Date: _____

