



**Sunshine**  
Crèche & Montessori

Santry Hall, Unit D1  
Santry Hall Industrial Estate  
Swords Road, Dublin 9  
phone: 085 80 56 676  
e-mail: [sunshinecreche.santry@gmail.com](mailto:sunshinecreche.santry@gmail.com)  
web: [www.sunshinecreche.com](http://www.sunshinecreche.com)

## Application Form

**Start Date Required:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone No:** \_\_\_\_\_ **Mobile No:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Parent's Full Names:**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Guardian if different from above: \_\_\_\_\_

**Room** (*please tick appropriate*):

Baby Room ☐

Wobbler Room ☐

Toddler Room ☐

Montessori Room ☐

**Type of care Required:**

☐ Full Day Care

☐ Montessori Sessional Mornings

☐ Montessori Sessional Afternoons

☐ Part time Mornings

☐ Part time Afternoons

☐ Part time days (please specify): \_\_\_\_\_

☐ Afterschool Care (If “yes” please complete below)

National School Attended: \_\_\_\_\_

Finishing time: \_\_\_\_\_

Parent’s Signature: \_\_\_\_\_

*Note: Please return this form to Sunshine Crèche & Montessori at the address above at which time we will put your requirements on our enrolling list.*

Office use only:

Date Received by:

Type of care requested by parents : \_\_\_\_\_

Monthly payment according to Sunshine Crèche & Montessori guidelines: \_\_\_\_\_

Manager’s signature: \_\_\_\_\_

I have read the Sunshine Crèche & Montessori policies and procedures, which are operated in this Childcare and I am in agreement with its provisions.

Parent’s Signature: \_\_\_\_\_