

# MARY QUEEN OF ANGELS



# EARLY START PRE-SCHOOL

Gurteen Road  
Ballyfermot  
Dublin 10

01 6265207 / 01 6235067  
mqa1@eircom.net

Child's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Child's PPSN: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Please indicate if your child has any medical conditions (asthma, eczema, allergies, etc.):

Preferred Session:  
Morning (9:30am - 11:30am)  Afternoon (12:00pm - 2:30pm)

Parent(s) signature: \_\_\_\_\_