REGISTRATION INFORMATION & REGISTRATION FORM
TYRELLSTOWN

CONTACT INFORMATION

Main Email Address: info@tigerschildcare.com
Centre Manager: Kellie Capper
Centre email: tyrrelstownpreschool@tigerschildcare,com
Centre Phone: 086 029 4176

HOURS OF OPERATION

Monday to Friday (during school term only) from 9:30am – 12:30pm.

Tigers Pre-school opens at the above times during school term only. Tigers Pre-school does not open for public, school or bank holidays. Tigers Pre-school is closed for the months of July and August.

LOCATION

Tigers Pre-school is located in Tyrresltown Community Centre, Hollywood Rath, Holbstown Road, Dublin 15.

NUMBER OF SPACES/PLACES AVAILABLE

We have 1 pre-school class with 22 places available.

FEES

By completing the registration form, parent(s) are confirming that they consent to Tigers submitting an application form (to include the child's PPSN and copy of birth certificate) to the Department of Children and Youth Affairs. Subject to the child qualifying for the ECCE Scheme, no fees will be charged to the child's parents.

In circumstances where a parent(s) does not wish to avail of the ECCE Scheme or where a child does not qualify for the ECCE Scheme, fees and deposit as per our Policies and Procedures, will be levied and parents' specific attention is drawn to the fee section of our general Policies and Procedures. A deposit of €304.95 is required upon registration and fee of €304.95 per month until the child has qualified for the ECCE Scheme will be required.

From time to time we may offer an additional activity such as an excursion. These activities must be paid for in advance by the parents but will be optional. If you choose not to avail of any such activities, your child will be provided with an appropriate alternative activity.

Please be sure to read this form carefully and answer all questions. We are required under the Child Care Act 1991 Regulations 2016 to collect specific information relating to your child.

CHILD INFORMATION

Child Name: _____

Address: _____

_____

_____

Date of Birth: _____

Type of ECCE Care	
Eligible for the free ECCE Scheme	
Fee paying	

Please √ the days your child will attend Tigers (note: for part-time care please fill in the hours that you require care for)

Monday	Tuesday	Wednesday	Thursday	Friday

EMAIL ADDRESS FOR MONTHLY INVOICES (please print clearly)