



University Business Complex
National Technology Park
Limerick

Tel. 061 334121
www.unikidschildcare.com
Email: millie@unikidschildcare.com

BOOKING FORM

Childs Name: _____

D.O.B.: _____ Nationality: _____

Address: _____

Special Requirements: _____

Requested Start Date: _____

Sessions	Monday Times	Tuesday Times	Wednesday Times	Thursday Times	Friday Times
FULL DAY					
AM					
PM					

After School Club YES[] NO[] Bring to/Collect from School YES[] NO[]

Parent/Guardian's Name: _____

Address: _____

Contact Telephone No.: _____

A Booking Deposit will be required to secure a place as there may be a waiting list.

Parent/Guardian's signature _____ Date _____

All information given will be treated in the strictest of confidence