

NEW ENTRANT FORM

ECCE REFNO: _____

Early Childhood Care & Education (ECCE) Programme

- A copy of the child's birth certificate or passport AND official proof (copy of Social Protection letter/ HSE letter or medical card) of child's PPS No. must be sent with this form.

Part A – To be completed by Preschool Service (BLOCK CAPITALS)

I, _____ **Manager/Owner** (circle as approp.)
at _____ Preschool **ECCE Ref. No:** _____,
have allocated _____ days per week ECCE place under the **38 week model / 41 week model / 50 week model @2.15hrs/50 week model @ 3.45hrs** (circle as approp.)
to _____ from **Date:** ____/____/____
Signed _____ Date ____/____/____

Part B – To be completed by Parent/Guardian (BLOCK CAPITALS)

I, _____, Parent/Guardian of
_____ whose **PPS No:** is _____ and
Date of Birth is ____/____/____ apply for his/her ECCE capitation to be allocated to
_____ Preschool, effective from **Date:** ____/____/____
I declare that this child has not been supported by Community Childcare Subvention (CCS) for this academic year.
Signed _____ Date ____/____/____