

**Early Starters Application Form 2025**

St John of God Liffey Early Services provides specialised early services to children with an Intellectual Disability or Global Developmental Delay. Our Early Starters Programme aims to provide a fun, sensory workshop experience to children aged 0-2years who meet our admissions criteria.

To apply, please complete the below application form and return to Emma Brennan *email or post (see contact details at the end of this application)*

<b>Parent/Guardian Name:</b>	
<b>Childs Name:</b>	
<b>Date of Birth:</b>	
<b>Diagnosis (confirmed or diagnosed):</b>	
<b>Medical Conditions (eg.Epilepsy/Asthma)</b>	
<b>Allergies:</b>	
<b>Other Special Requirements:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	
<b>Email Address</b>	
<b>Any other Information:</b>	
<b>Permission to take Photographs:</b>	<input type="checkbox"/> Yes  <input type="checkbox"/> No
<b>Date of Application:</b>	

**Please note:** *Early Services reserves the right to refuse admission to the Early Starters Programme, and failure to comply with our policies and procedures may result in the cancellation of your child's place. Early Services operates within the remit of a strict Infection Prevention and Control exclusion period. All attendees will be required to sign a declaration prior to each session.*

**CRA** 20069865  
**Reg. Charity No.**  
CHY18284  
**Reg. Company No.**  
430744

**Registered Office**  
Granada, Stillorgan,  
Co. Dublin, A94D9N1  
[www.sjogliffeyservices.ie](http://www.sjogliffeyservices.ie)  
+353 1 4686400

**Directors;** Gerard Boyle, Charles Watchorn, James Hussey,  
Theresa Ghalainey, Elma Clancy, Kieran Carolan, Shane Hill,  
Ger O'Sullivan, Olivia Rigney, Paul Ryan, Padraic White.



**Data Protection declaration:** This information will only be used for its intended purpose; for the safety and welfare of your child and for communication purposes.

I \_\_\_\_\_ agree to comply with the policies and procedures set out by St John of God Liffey Early Services.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you making this application. You will be notified of the outcome of this as soon as possible.

Kind Regards



**Emma Brennan**  
Social Care Leader

**M** +353 872437839

**E** [emma.brennan@sjog.ie](mailto:emma.brennan@sjog.ie)

**W** [www.sjogcommunityservices.ie](http://www.sjogcommunityservices.ie)

**St. John of God Community Services**

Unit 15 Block A Gleann na hEorna Cookstown Tallaght, D24AD62

RCN: 20069865

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