



Registration Form (RF)

Date: _____

Child details:

Name: _____

DOB: _____

School/Pre-School _____

Medical issues/Allergies _____

First Language _____

Family details:

Parent/Carer name (1) _____

Relationship to child _____

Legal responsibility for child _____

Address: _____

Telephone: _____ Email: _____

First Language _____

Parent/Carer name (2) _____

Relationship to child _____

Legal responsibility for child _____

Address: _____

Telephone: _____ Email: _____

First Language _____

We can contact you to arrange appointments: by email by phone by post

We can contact you to send all relevant documents: by email by post



Please return the completed form by post to:

Sensory Space

Unit 5

Dublin Road

Drogheda

Co. Louth A92 XE86

Alternatively, scan and email to: **info@sensoryspace.ie**

If you have any queries, please phone: **041 980 3307**