



Leitrim County Childcare Committee

Community Playgroups Application Form For Annual Playgroup Grant

1. Name of Playgroup: _____

2. Address of Playgroup: _____

Playgroup Tel: _____

3. When Was The Group Founded: _____

4. Has The Group Returned Its Notification (Pre-School Services) Form To The Health Service Executive. Yes No

5. When Was The Last Playgroup Committee AGM held _____

6. Playgroup Committee Officers

Chairperson: _____

Address: _____

Tel No: _____

Treasurer: _____

Address: _____

Tel No: _____

Secretary: _____

Address: _____

Tel No: _____



7. Number Of Children Enrolled 2008/2009 _____

8. Days Open:

Monday Tuesday Wednesday

Thursday Friday

9. Opening Hours: _____

10. Number Of Staff:

Playleader: _____ Assistant: _____

Rota Parent: _____ FAS Worker: _____

11. What training/courses has been completed under each of the following
Please complete:

Courses Attended: e.g. First Aid, Children First, FETAC Level 1, 2 or 3, or other training (please name)

A. PlayLeader(s): _____

B. Assistant(s) _____

C. Committee Member(s) _____

12. Do Parents Take An active Part In The Affairs Of The Playgroup

Yes No

13. How Regularly Does The Committee Hold Meetings



14. Are You In Contact With Leitrim County Childcare Committee (Other Than For Funding Reasons)

15. When Did The Health Service Executive Pre-school Inspection Team Last Carry Out A Preschool Inspection

16. Any Other Comments

Signed: _____

Date: _____

**NB: Please Remember To Complete the Income & Expenditure sheet
Which is enclosed
The Aim Of This Grant Is To Enable Playgroups To Keep Fees Low**

*Return to: Leitrim County Childcare Committee,
Laird House,
Church Street,
Drumshanbo,
Co. Leitrim*



INCOME & EXPENDITURE ACCOUNT SEPT. _____ TO AUGUST, _____					
Income		EURO	Expenses		EURO
	Opening Balance			Rent	
	HSE Annual Grant			E.S.B.	
	Other Grants			Telephone & Postage	
	Play Group Fees			Food	
	Fundraising			Toys	
	Any other Receipts			Equipment	
	e.g. Registration Fees			Entertainment	
				Salary Costs	
				Tax/PRSI	
				Bank Charges	
				Insurance	
				Training	
				Other Expenses	
				Closing Balance	
	Total			Total	
	SIGNED			SIGNED	
	CHAIRPERSON	DATE		TREASURER	DATE