



# COMERAGH WILDERNESS CAMP DISCOVERY PROGRAMME

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## APPLICATION FOR ENROLMENT

Seeking enrolment for:

Young Person's name \_\_\_\_\_ Age \_\_\_\_\_  
Surname First Middle

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_

### ***PARENTS and FAMILY***

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Father \_\_\_\_\_ legal guardian yes  no

Phone \_\_\_\_\_ email \_\_\_\_\_ employment \_\_\_\_\_

Postal Address \_\_\_\_\_  
\_\_\_\_\_

Mother \_\_\_\_\_ legal guardian yes  no

Phone \_\_\_\_\_ email \_\_\_\_\_ employment \_\_\_\_\_

Postal Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_

List child's siblings (include stepsiblings).

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

List adults (other than parents or siblings) living in the child's household.

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_

**SCHOOL**

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Latest school child attended \_\_\_\_\_ Level \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

If applicable, list suspensions or expulsions \_\_\_\_\_

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**CHILD'S HEALTH and DEVELOPMENTAL HISTORY**

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Child's GP \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

List any known physical disabilities, chronic conditions, or allergies that your child has.

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Is child currently receiving medication? If yes, please list medication and reason for use.

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Does your child have a psychological diagnosis? \_\_\_\_\_

Has your child been involved with the Gardaí or the justice system? If so, describe.

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Has there been contact with an Education Welfare Officer? If so, please provide contact details

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What recent events or behaviour caused you to seek enrolment at Comeragh Wilderness Camp?

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How did you hear about CWC? \_\_\_\_\_

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