



Expression of Interest Form for Shannon Family Resource Centre.

Level 2: Separation Loss programme

(Official Enrolment Form will follow)

Child's Name: _____ Age: _____

Rainbows Centre Name: Shannon Family Resource Centre _____

Applying Parent/Guardian name: _____

Applying Parent/Guardian mobile number: _____

Applying Parent/Guardian email address: _____

Date of Expression of Interest: _____

For Further Information:

The Rainbows Coordinator can be contacted with any questions you may have on:

_____ 087 1232489 _____

Please leave your contact details and the coordinator will get back to you. Please speak slowly when leaving your contact number.

Expression of Interest Form should be returned to:

Cathal Dillon,

Shannon Family Resource Centre,

Rineanna View Community Building,

Rineanna View, Shannon, Co Clare.

V14 XV97

Or via email cathaldsfrc@gmail.com