

Application Form

The Highfield Oval Pre-School, Highfield Oval, Harpenden, Herts, AL5 4BX
Tel: (01582) 463308

Date of Application: _____ | Male | Female
Surname of child: _____
First name of child: _____
Middle name of child: _____
Date of Birth: _____
Position in family (i.e. youngest) _____
Address: _____
_____ Postcode: _____ Home tel: _____

When will your child start Pre-school? _____
When will your child finish Pre-school: _____
Pre-School days required:
Full days: | Mon | Tues | Wed | Thurs | Fri
Mornings: | Mon | Tues | Wed | Thurs | Fri

Do you intend for your child to progress from this school to The King's School? _____
Should you wish your child to progress to The King's School you will need to contact the school on 01582 767566

Father's full name: _____
Occupation: _____
Employer: _____
Business Address: _____
_____ Tel: _____

Which Church do you attend: _____
Mother's full name: _____
Occupation: _____
Employer: _____
Business Address: _____
_____ Tel: _____

Which Church do you attend: _____

Signature of father/guardian: _____
Date: _____

Signature of mother/guardian: _____
Date: _____

HAVE YOU ENCLOSED YOUR REGISTRATION FEE (£20)?
(PLEASE MAKE CHEQUES PAYABLE TO THE KING'S SCHOOL)

Medical Health Form

1. Does your child have any allergies or other medical problems? If yes, please specify: _____

2. Has your child been immunised against:

Diphtheria Whooping Cough Tetanus Polio
 Measles Mumps

3. Does your child need any special care? _____

4. Doctor's Name and Tel: _____

5. In case of an emergency, if I/we or our/my doctor cannot be reached, we/I give permission to Highfield Pre-School to take our/my child to an emergency doctor and /or hospital. Yes No

6. In case of an emergency where a parent/guardian cannot be reached, the following person may be contacted:

Name: _____ Relationship: _____
Home Tel: _____ Work Tel: _____

7. Please do not send your child to school if he/she is unwell and especially if they show any symptoms of: vomiting, high temperature, severe cold, diarrhoea, headache, or any known contagious disease.

Please allow two clear days before returning your child to Pre-School after absence due to illness.

8. We/I give permission for staff at Highfield Pre-School to administer any basic First Aid. Yes No

Signature of father/guardian: _____
Date: _____

Signature of mother/guardian: _____
Date: _____

Child Information

Please complete the following information which will be helpful to the Pre-School staff when working with your child.

If any changes arise please inform the Pre-School so that records may be updated.

1. Favourite activities: _____

2. Least favourite activities: _____

3. Interaction with other children: _____

4. Interaction with adults: _____

5. Any difficulties, fears etc: _____

6. Toilet routine: _____

7. Is this your child's first Pre-School experience? _____

8. Are there any recent events that may have affected your child, such as moving house, a new addition to the family, father working away from home, death of a pet?

9. Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Signature of father/guardian: _____

Date: _____

Signature of mother/guardian: _____

Date: _____

Agreement Form

The Highfield Oval Pre-School, Highfield Oval, Harpenden, Herts, AL5 4BX
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1. Besides the parent(s) / guardian(s), the following person(s) may also collect my/our child:

Name	Home Tel:	Work Tel:	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If for any reason a person other than the above will be collecting your child from Pre-school, please notify us in writing.

2. My/our child may go on outings with Highfield Pre-School during the school year (notification will be given prior to each trip). Yes No
3. I/We agree to collect our son/daughter at the finish time stated.
4. All information concerning my/our child will be kept confidential amongst the Pre-School staff unless parents written consent is given or an emergency arises.
5. I/We agree to keep up regular payments.
6. I/We agree to comply with Pre-School policies in all areas described in the Parents Handbook.

Signature of father/guardian: _____
Date: _____

Signature of mother/guardian: _____
Date: _____

Photograph / Outing Consent

We / I give consent for photographs to be taken and displayed of our / my son / daughter named _____ by the staff of The Highfield Pre-School.

Signature of male parent / guardian: _____
Date: _____

Signature of female / parent guardian: _____
Date: _____

We / I give consent for the staff at The Highfield Pre-School to take our / my son / daughter named _____ for walks on the Oval grounds.

*Please note that the area where The Highfield Pre-School is situated is called The Oval, and has lovely fields and a wooded area within it.

Signature of father/guardian: _____
Date: _____

Signature of mother/guardian: _____
Date: _____

Observations and Assessments

As part of our work in the Pre-School, we take time to do observations and assessments on your child for each area of development in the Foundation Stage Curriculum.

All information is treated in a confidential manner.

I give consent for staff at the Highfield Pre-School to carry out observations and assessments on my child.

Name of
Child: _____

Parent(s)
signature(s): _____

Please print
name(s): _____

Date: _____