



Harrold Pre-School

Application Form

High Street, Harrold MK43 7BH
Telephone: 07929618244 Monday – Friday 9.30am – 12.00pm

We advise discussing your needs prior to submitting your application

Please complete in BLOCK CAPITALS

Child's full name: _____ Date of birth: _____

Child known as: _____

Address: _____

Home Telephone Number: _____

Normal contact name and number during session time: _____

Alternative contact name and number during session time: _____

Session Application

I would like to apply to reserve a place for my child for (delete as appropriate)

Monday / Tuesday / Wednesday / Thursday / Friday

Milk and Water (free) or if your child
prefers juice then please can you supply a carton from home

Juice / Milk / Water

Lunch Club @ £5.20 per session
(held on Monday's & Wednesday's 12.00pm – 13.30 pm)

YES / NO

Please Note: Lunch Club is for Sealions only and if fully booked, you will be advised and your child's name will be added to the waiting list.



Parent's Work Contact Details

Name: _____ Telephone Number: _____

Company name and address: _____

Name: _____ Telephone Number: _____

Company name and address: _____

Child Medical Information

Doctor's name: _____ Telephone Number: _____

Address: _____

Does your child have any allergies? (if yes please specify): _____

Does your child take any prescribed medicines? (if yes please specify): _____

Have you any cultural or religious wishes that need to be considered should and emergency arise?: _____

Assistance to Pre-School

Pre-School must have parents willing to volunteer to ensure it can keep operating.
The committee meets once a month.

I / We would like to become a 'Friend of Harrold Pre-school' **Yes / No**

I / We would like to join the committee of Harrold Pre-School **Yes / No**

We are keen to offer assistance to the Pre-School in the following areas:



Declaration

I give permission for Harrold Pre-School to:

- Seek emergency medical attention for my child if necessary.
- Take my child out of school on local visits.
- Take photographs that may include my child for developmental record purposes and for use in publications.
- Record details concerning my child's development to which I will have open access.

Signed: _____ Date: _____

Name: _____

On receipt of your application the Pre-School will consider all the details included in this application and advise you whether it is able to meet your requirements.

Equal Opportunities Declaration:

Harrold Pre-School operates an equal opportunities policy and we are required to monitor the ethnic origin of the children using the Pre-School.

Nationality:

Ethnic Origin: **African** **Asian** **Caribbean** **UK/Ireland**

Other European (Please specify)

Other Country