

High Kirk Playgroup Application Form

Please complete all sections.

Name of child _____ Date of Birth _____

Male Female Parent/Guardian's Name _____

Address _____

_____ Post Code _____

Home telephone number _____ Mobile _____

Health Care Details

Please ensure full name, address and telephone details are included

Family Doctor's name _____ Tel _____

Address _____

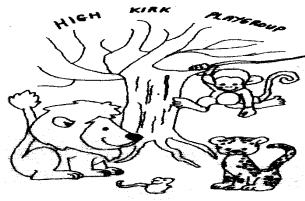
Health Visitor's name _____ Tel _____

Address _____

Immunisations received by the child (please complete with dates)

| Immunisation | Age | Date of Immunisation |
|--|--------------|----------------------|
| Diphtheria, tetanus, tertussis (whooping cough), polio and Hib | 2 months | |
| Pneumococcal infection | 2 months | |
| Diphtheria, tetanus, pertussis, polio and Hib | 3 months | |
| Meningitis C | 3 months | |
| Diphtheria, tetanus, pertussis, polio and Hib | 4 months | |
| Meningitis C | 4 months | |
| Pneumococcal | 4 months | |
| Hib and meningitis C | 12 months | |
| Measles, mumps and rubella (MMR) | | |
| Pneumoccal | | |
| Diphtheria, tetanus, pertussis and polio | 3 to 5 years | |
| Measles, mumps and rubella (MMR) | 3 to 5 years | |

Please state any additional information relating to your child's health (e.g. allergies, special diet etc.)



Special Educational Needs

Please list any agencies or professionals who have been in consultation with you or your child.

| | Name of Contact Person |
|--|------------------------|
| Doctor | |
| Paediatrician | |
| Play Therapist | |
| Occupational Therapist | |
| Psychologist (Educational or other) | |
| Psychiatrist | |
| Teacher of the Visually Impaired | |
| Social Worker | |
| Family Centre | |
| Behaviour Support Teacher | |
| Special Education (NEELB or other board) | |
| Speech and Language Therapist | |
| Audiologist/Teacher of the deaf | |
| Other Professionals (Please specify) | |

Please describe any educational needs that your child has.

Where appropriate, please indicate your permission for us to contact any of the agencies listed above. YES NO

Allocation of Days

High Kirk Playgroup will only allocate 3 – 5 days for children in their pre-pre school year but not before their 3rd birthday. Although we endeavour to allocate preferred days this is not always possible therefore alternate days may be offered. Children in their pre-school year will be allocated 5 days (separate NEELB application form required).

Number of days required (please tick).

| MON | TUE | WED | THUR | FRI |
|-----|-----|-----|------|-----|
| | | | | |

Signed Parent/Guardian _____ Date _____

Please return completed form to High Kirk Playgroup, 65 – 71 Thomas Street Ballymena, BT43 6AZ, Tel 028 25644834.

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