

Confidential

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**High Kirk Community Preschool**  
**Application Form Sept 2025 – June 2026**

**Please complete all sections.**

Name of child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male  Female

Mother's/Carer's Name \_\_\_\_\_

Father's/Carer's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Home telephone number \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

**Health Care Details**

**Please ensure full name, address and telephone details are included**

Family Doctor's name \_\_\_\_\_ Tel \_\_\_\_\_

Address \_\_\_\_\_

Health Visitor's name \_\_\_\_\_ Tel \_\_\_\_\_

<b>Immunisations received by the child (please complete with dates)</b>	<b>Age</b>	<b>Date of Immunisation</b>
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)		
Pneumococcal		
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.)

\_\_\_\_\_  
\_\_\_\_\_

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**Special Educational Needs**

Please list any agencies or professionals who have been in consultation with you or your child. – NONE

	<b>Name of Contact Person</b>
Doctor	
Health Visitor	
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.

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

**Allocation of Days**

High Kirk Community Preschool will only allocate 3 – 5 days for children in their pre-pre school year but not before their 3<sup>rd</sup> 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 Community Preschool, 65 – 71 Thomas Street Ballymena, BT43 6AZ, Tel 028 25644834.

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