



### Personal Information

Child's Surname:	Childs Forename:	
Address:		
Town:	County:	
Postcode:	Home Telephone:	
Date of Birth:	Nationality:	Home Language:

### Contact Information

Parent 1 Name:	Parent 2 Name:
Parent 1 Work Telephone:	Parent 2 Work Telephone:
Parent 1 Mobile:	Parent 2 Mobile:
Parent 1 Email:	parent 2 Email:

### Emergency Contact Details

Contact Name:	Password:
Emergency Contact Telephone:	

### Sessions Required:

#### Fingertips Preschool & Forest School

#### Fingertips Woodland Nursery

	Mon	Tues	Weds	Thurs	Fri		Mon	Tues	Weds	Thurs	Fri
Preschool Sessions AM 9.00am - 12pm						Nursery Sessions AM 8am - 4pm					
Forest School Sessions AM 9.15am - 12pm											
Forest School Sessions PM 12.15pm 3pm					N/A	Child's placement to commence on:					

### Photographic Consent

We/I give consent for photographs to be taken and displayed of our/my child by Fingertips Preschool Y  N

### Outing consent form

I/We give consent for the staff at Fingertips Preschool to take my/our child on local outings with prior notice. Y  N

### Observations and Assessments

As part of our work in the Preschool, we take time to do observations and assessments on your child for each area of development in the Early Years Foundation Stage. All Information is treated in a confidential manner and you can have access to it at any time.

I/We give consent for staff at Fingertips Preschool to carry out observations and assessments on my child Y  N

### Medical Consent

In the event of an emergency, I consent for my child to receive any necessary medical treatment from a qualified first aider and should the need arise receive emergency medical treatment from healthcare professionals or be taken by ambulance to hospital to receive emergency medical treatment. Y  N

### Forest School

We/I give consent for my/our child to take part in forest school activities	Y <input type="checkbox"/> N <input type="checkbox"/>
We/I give consent to photographs of my/our child being used to promote Forest School activities	Y <input type="checkbox"/> N <input type="checkbox"/>
We/I give consent for my/our child to travel in a vehicle driven, owned and maintained by a member of staff employed by Fingertips on the days they attend forest school to the forest school site	Y <input type="checkbox"/> N <input type="checkbox"/>

### Medical Information

Doctors Name:

Doctors Telephone Number:

Surgery Address:

Does your child have any known allergies? Y  N  Please specify:

Please give details of any known or suspected special educational needs or Disabilities that your child may have so that we can adapt our activities accordingly:

### Has your child had any of the following:

Asthma or Bronchitis	Y <input type="checkbox"/> N <input type="checkbox"/>	Fits, fainting or blackouts	Y <input type="checkbox"/> N <input type="checkbox"/>
Sight or hearing impairments	Y <input type="checkbox"/> N <input type="checkbox"/>	Severe headaches	Y <input type="checkbox"/> N <input type="checkbox"/>
Heart Condition	Y <input type="checkbox"/> N <input type="checkbox"/>	Diabetes	Y <input type="checkbox"/> N <input type="checkbox"/>
Travel Sickness	Y <input type="checkbox"/> N <input type="checkbox"/>	Allergies to Medicine	Y <input type="checkbox"/> N <input type="checkbox"/>

### Has your child been immunised against:

Diphtheria	Y <input type="checkbox"/> N <input type="checkbox"/>	Measles	Y <input type="checkbox"/> N <input type="checkbox"/>
Whooping Cough	Y <input type="checkbox"/> N <input type="checkbox"/>	Mumps	Y <input type="checkbox"/> N <input type="checkbox"/>
Tetanus	Y <input type="checkbox"/> N <input type="checkbox"/>	Polio	Y <input type="checkbox"/> N <input type="checkbox"/>

Has your child been given any specific medical advice to follow in emergencies?

Has your child received medical or surgical treatment of any kind from either your doctor or hospital during the last 3 months?

By completing and signing this application form I/We declare that I/we have read, understood and agreed to the terms and conditions for Fingertips Creative Arts Preschool and Forest School.

Signature  
(Parent / Guardian 1)

Signature  
(Parent / Guardian 2)

### General Information

Where did you hear about us?

#### Return to:

Fingertips Preschool and Forest School,  
34 Pickford Hill,  
Harpenden,  
AL5 5HF

Please make cheques payable to:  
Fingertips Creative Arts Preschool

To pay by Bank Transfer  
Bank: Natwest Bank  
Acc No: 19009852  
Sort Code: 60-24-77  
Reference: Please use your childs name

#### For Office Use

Date Application Received:

Administration fee paid: Y  N

Acceptance letter sent: Y  N

Deposit Received: Y  N

Welcome Letter sent: Y  N

Keyworker:

Start Date: