

HOLYWOOD STEINER SCHOOL

Engage. Enthuse. Inspire.

Please note — this form can be downloaded, filled on screen using Adobe Acrobat Reader (or similar), then returned to the school by email using info@holywood-steiner.co.uk.

Please ensure your form has saved correctly before returning.

Alternatively the form can be printed and filled manually before returning to the school at:

34 Croft Road, Holywood, Co Down, BT18 0PR

PRESCHOOL APPLICATION 2024-2025

PUPIL DETAILS

SURNAME / FAMILY NAME	<input type="text"/>
FIRST NAME / OTHER NAMES	<input type="text"/>
NAME CHILD IS KNOWN AS	<input type="text"/>
DATE OF BIRTH (DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	GENDER M F OTHER
PREFERRED START DATE	<input type="text"/>
APPLICATION DATE	<input type="text"/>

PARENT / CARER DETAILS

FULL NAME	<input type="text"/>
ADDRESS	<input type="text"/>
	<input type="text"/>
POSTCODE	<input type="text"/>
EMAIL	<input type="text"/>
HOME TELEPHONE	<input type="text"/>
WORK TELEPHONE	<input type="text"/>
MOBILE	<input type="text"/>

Please note — all correspondence and invoices will be sent by email – If you do not have email then please contact the school office for an alternative means of contact.



PARENT / CARER DETAILS

FULL NAME

ADDRESS

POSTCODE

EMAIL

HOME TELEPHONE

WORK TELEPHONE

MOBILE

EMERGENCY CONTACT DETAILS

CONTACT 1 NAME

CONTACT 1 TELEPHONE

CONTACT 2 NAME

CONTACT 2 TELEPHONE

CONTACT 3 NAME

CONTACT 3 TELEPHONE

CONTACT 4 NAME

CONTACT 4 TELEPHONE

MEDICAL INFORMATION

Please give details of any relevant medical conditions, health problems, allergies or dietary requirements:

NAME OF GP/PRACTICE

ADDRESS

CONTACT TELEPHONE

ADDITIONAL INFORMATION

Please give details of other children in the school past and present or other familial connections to the school.

You may add any information that you feel may be of importance in helping your child settle into the Preschool e.g. likes, dislikes, favourite activities etc.

Please note – children must be toilet trained and appropriately dressed to ensure that they can access toilet facilities.

WHICH DAYS YOU ARE INTERESTED IN?

Please check relevant boxes

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY



PRESCHOOL FEES - £24 PER SESSION

SEPTEMBER 2024 – JUNE 2025

PAYMENT TERMS

- Once the offer of a Preschool place has been made and accepted a refundable Preschool deposit of £60 and a non-refundable administration fee of £25 is required within seven days of the date of offer. The Preschool deposit is refundable, provided two months' notice has been given in writing or the child has completed a year in Preschool. You will be required to sign for receipt of your returned deposit. In the event of outstanding fees this deposit will be held.
- Preschool will run from 1st September - 30th June, a list of school closures and bank holidays will be emailed to you on receipt of an Acceptance Offer – you will not be charged for school closures.
- Fees are to be paid monthly in advance an invoice will be emailed to you in the first week of the month. Payment is due on receipt by the 5th of the month at the latest. Please refer to the School Fee Policy for further information regarding finance.
- If you wish to withdraw your child before the end of term there is a two-month notice period, this must be received by the school office in writing.
- By signing these terms, you accept to adhere by all School policy's including the Fee Policy & Procedures.

Please Note — Refunds or deductions cannot be made if your child is ill, on holiday or for any other reason does not attend the Preschool on the days they are contracted.

SIGNED _____

DATE _____

If you are filling this form electronically, please sign by including an image of your written signature or simply type your full name in the signature areas above.

By completing this application form and submitting it electronically, you agree to the terms and conditions herein.



CONSENT FORM

SEPTEMBER 2024 – JUNE 2025

CHILDREN IN ATTENDANCE AT HOLYWOOD STEINER PRESCHOOL

CHILD 1	<input type="text"/>
CHILD 2	<input type="text"/>

FIRST AID

All staff are trained to give basic first aid in the event of minor injuries.
We need parental permission for the application of the following medications.

Please check the relevant box to give or withhold consent.

Application of antiseptic creams	Yes	No
Application of plasters	Yes	No
Application of insect bite / sting cream	Yes	No

Please note – We do not administer pain killers or oral medications of any kind. If your child requires short term treatment of this kind e.g. antibiotics, then please send in appropriate medication with a signed note giving permission to administer them. If your child has a medical condition that requires the school to hold medication for them e.g. EpiPen, please see the office for a medication plan.

MEDIA – OBSERVATION / RECORD KEEPING

In order to evaluate Preschool activities and access the wellbeing and development of each child we need to observe and record what the children are doing. We welcome input from parent/carers to their child's records.

I consent to the observation and recording of my child's/children's activities	Yes	No
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MEDIA – PHOTOGRAPHY AND FILMING

This is an important part of record keeping and is also an educational resource for use within the group and for grant applications.

I consent to the photography and filming of my child/children in the school environment	Yes	No
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MEDIA – PROMOTIONAL MATERIAL

The school creates displays for public events, writes articles for newspapers and produces its own promotional materials for use within the school and wider community. The Schools website and Facebook page have photographs and video that reflect school life and activities. We need parental permission to publish images or video that contain their children. No child's photograph will knowingly be published without parental permission.

I consent to images of my child/children being used as indicated below

Photographs	Yes	No
DVD	Yes	No
School Facebook Page	Yes	No
Internal Displays	Yes	No
External School Advertisements	Yes	No
Brochure	Yes	No
School Website	Yes	No
School Digital Newsletter	Yes	No
Festival Advertising	Yes	No
WhatsApp	Yes	No

TOILET, CHANGING CLOTHES AND CLEANING CHILDREN

We will encourage all children to become independent. Some occasionally may need help in the bathroom. We therefore need your permission to give the required assistance. Procedures for toileting and changing clothes etc. are displayed in the bathroom and are followed by all staff.

I consent to toileting assistance, changing clothes and cleaning of my child/children when necessary Yes No

OUTINGS

In suitable weather the children will be in the outdoor play area and we may go for nature rambles within the school grounds. We ask for permission to take the children on these outings.

I consent to my child/children going on outings within the school grounds Yes No

SIGNED _____

DATE _____

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