



Al Khaleej Nursery
حضانة الخليج

Please attach
passport size
photo

REGISTRATION FORM

CHILD'S INFORMATION

Complete name	
Gender <input type="checkbox"/> Male	<input type="checkbox"/> Female
Age (years & months)	Date of birth:
Nationality	Religion
Passport No.	
Address	

PARENT'S INFORMATION

Father's Name	Nationality:
Occupation	Email:
Tel No: Mobile:	Work :
Mother's Name	Nationality:
Occupation	Email:
Tel No: Mobile:	Home: Work :

PHOTOGRAPHS

It is part of our policy to photograph your child during her/his nursery days so that we are able to provide parents with a valuable record of activities your child participates and enjoys. We have the opportunity of using these photographs for promotional materials like facebook, websites, brochures and advertisement.

- If you prefer us NOT to take photographs, your decisions will be respected and we will not photograph your child.

I do do not give my permission for any photographs to be taken for promotional materials nor for use in nursery.

Parent's Signature: _____ Date: _____

Water Play Consent

 yes **no**



Al Khaleej Nursery
حضانة الخليج

MEDICAL FORM

- If your child suffer from any known FOOD allergy? Please specify: _____

- Is your child allergic to any MEDICINE? Please specify:

- Is your child taking any medication? Please specify: _____

- Any special instructions: _____

THIRD PERSON INFORMATION FOR EMERGENCY	
Name:	
Relationship:	
Important Numbers:	

FOR ADMIN USE ONLY (DONOT FILL IN)	
Number of Days Attending	
Date of Registration	
Date of Joining	
Attending Registrar	



Al Khaleej Nursery
حضانة الخليج

Terms & Conditions

As the Parents of _____ (child's name), I give consent to the following:

- **CONSENT FOR BASIC FIRST AID TREATMENT**

I hereby authorize the Nursery Nurse or any staff qualified in pediatric first aid to carry our first aid treatment and/or treatment for minor cuts/wounds as and when necessary.

- **CONSENT FOR EMERGENCY TREATMENT**

If emergency treatment is required, parents will be contacted and asked to collect their child from the nursery. If the parents cannot be reached immediately, the nursery will take your child to the nearest medical centre or hospital for emergency treatment. In the case of serious emergency, an ambulance will be called immediately. Efforts to contact the parents will continue.

Parent's Signature: _____ Date: _____

1. **Security deposit is ONLY refunded when written notice is provided to the office 1 month prior to the last day of attendance.**
2. Kindly respect our pick up times, as hours beyond those booked at registration are **chargeable**.
3. A discount of **15%** is given to siblings if term fee is paid. A **10% discount** is given to siblings if monthly fee is paid.
4. Unfortunately, we **cannot** refund fees for absences (including illness), Islamic and government holidays and unforeseen closure.
5. **Al Khaleej Nursery's billing cycle is from the 1st of one month to the 1st of the next month i.e. 1st October -1st of November if you are paying on a monthly basis. Please make sure that the fee is paid latest by the 4th of every month. Any payment after the 4th will have a DHS 100 fine.**

Please keep in mind that we are not able to adjust or refund the payment for any time that your child was absent during the month.

I, hereby agree that I am leaving my child under the care of "Al Khaleej Nursery" staff. I have read and understood all the "terms and conditions" and I have not withheld any important information. I will not hold "Al Khaleej Nursery" responsible for any unavoidable mishap or accident.

Signature: _____

Date: _____



Al Khaleej Nursery
حضانة الخليج

TRANSPORT FORM

Childs Name:	Name of Class.	
Father's Name:	Mobile No.	Work No.
Mother's Name:	Mobile no.	Home No.
Location		
Apt/Villa No	Street:	
Land Mark		

DRAW THE MAP HERE:

Signature of the parent: _____ Date: _____



Al Khaleej Nursery
حضانة الخليج

REGISTRATION REQUIREMENTS/CHECKLIST

- Registration form and consent form for promotional photograph.
- 3 passport size photographs
- Completed medical form
- Copy of transport advise form
- Photocopy of passport including residency page
- Photocopy of birth certificate, vaccination record
- Photocopy of father/mother's passport including residency page.