

Place
Picture
Here



REGISTRATION FORM

CHILD NAME ----- Date of Birth ----- Place of Birth ----- (Last, First) (MM/DD/YYYY)	
Nationality ----- Passport No ----- Issuance Date ----- Issued In ----- Expiry Date -----	
Residence Visa No ----- Expires On ----- Sex: M F (For non UAE National)	
UAE ID card No. ----- Expires On ----- <input type="checkbox"/> <input type="checkbox"/>	
How did you hear about us: <input type="checkbox"/> Internet <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Flyer <input type="checkbox"/> Online Other: -----	
Religion ----- Spoken Language 1 st ----- 2 nd -----	
MOTHER / GUARDIAN ----- (Last Name) (First Name)	
Address ----- Street Apt. # City Postal Code	
Telephone (Home) ----- (Mobile #) ----- (E-mail) -----	
Work ----- (Work #)----- (Indicate Business Name, Street Address and City)	
FATHER / GUARDIAN ----- (Last Name) (First Name)	
Address ----- Street Apt. # City Postal Code	
Telephone (Home) ----- (Mobile #) ----- (E-mail) -----	
Work ----- (Work #)----- (Indicate Business Name, Street Address and City)	
EMERGENCY CONTACT INFORMATION 1 NAME ----- Relationship to child ----- Street Address ----- Mobile or Daytime Phone # -----	EMERGENCY CONTACT INFORMATION 2 NAME ----- Relationship to child ----- Street Address ----- Mobile or Daytime Phone # -----
If Parent are living apart indicate to whom correspondence should be sent. () Father () Mother () Other If Other Explain -----	

TERMS AND CONDITIONS OF AGREEMENT



It is hereby agreed that the parents will:

1. Pay a tuition fees, payable per term and to be paid in into account or by cheque or bank transfer before the following dates:

Autumn Term	1 st September 2022
Winter Term	1 ^{2th} December 2022
Spring Term	27 th March 2023

2. Pay all the fees, at all times, as applicable in advance, according to the schedule of fees and current policies or that might be declared by the nursery later.

3. Pay non -refundable registration fee of AED 1,000 per child enrolled to offset administrative costs and to secure a place for your child at Emirates KinderCare Nursery.

4. The tuition fee is refundable. Days of attended shall be deducted.

5. If a child remains absent for a full calendar month without prior notice, his/her registration will be cancelled.

6. Re- admission, subject to available space, is possible after any previous balance has been settled.

7. Provide the nursery with two weeks' notice in writing of intention to withdraw a child.

8. A returned or bounced cheque will incur a charge of AED 100.

9. We understand that there is reason for occasional late pick - ups. If this becomes regular, KinderCare reserves the right to charge fee of AED 25 for every half hour that your child is within our care. Invoices will be given at the end of each month.

10. Provide the nursery with a medical fitness certificate prior to the admission of the child and prior to the readmission of the child following such child's absence due to infectious disease.

11. Notify the nursery immediately should the child contract any infectious disease.

12. Notify the nursery immediately should any change of address, employment or other enrolment information occur for either parent.

13. The nursery shall not be responsible for any loss or damage to the clothing or the property of the child while

such child is in attendance at the nursery or participating in its programs.

14. Should any occasion arise requiring the child to be taken to the hospital for emergency treatment of any kind and for any reason irrespective of cause, and contract with the parent has not been possible, your permission to act as temporary guardian is required by the nursery in order to avoid any delay in such treatment being received, on the understanding that the nursery will not be liable from any situation arising from such treatment.

15. The nursery must be informed of any special requirements (including food, life-threatening allergies and other dietary restrictions) arising from any ethnic or religious customs to prevent infringement due to lack of such knowledge.

16. Waiver of any provision hereof by the nursery shall apply only to the provision waived and shall not affect the validity of the contract or subsequent enforceability of the provision waived

17. No amendment of the terms of this agreement shall be binding upon the nursery unless consented to by the nursery in writing.

18. Breach of any terms of this agreement or regulation, from time published, and may result in immediate cancellation of enrollment and forfeiture of any fees paid.

19. The word "nursery" as used in this agreement shall be deemed to refer to Emirates KinderCare Nursery.

20. The word "Parents" as used in this agreement shall be deemed to refer to the signatures on the first page hereof and applied to those signatories no matter what relationship to the child.

21. The "Child" as used in this agreement shall be deemed to refer to the person named on the first page hereof and enrolled in the Centre pursuant to this agreement.

22. The parents will also accept by any allergic restrictions imposed by the Centre due to any other enrolled child.

23. The parents will accept by the current Centre Policies and Procedures and the Parent Handbook, or any changes to policies that may be declared by the Centre from the time.

This form contains Terms of Agreement and forms a binding contract once signed.

I/We acknowledge that we have read the terms of agreement and consent to the same and warrant the information set out above is correct.

.....
Date

.....
Mother / Guardian Signature

.....
Father/ Guardian signature

.....
Supervisor/ Witness Sign



HEALTH & MEDICAL FORM

CHILD NAME ----- Date of Birth ----- Place of Birth -----
(Last, First) (MM/DD/YYYY)

Sex M F Nationality ----- Age Years:----- Months -----

Physician's Name ----- (Tell #) -----

Physician's Address -----
Street Unit # City Postal Code

Allergies/Medical Condition* -----

GENERAL HEALTH HISTORY

Has your child suffered from the following? (Please circle)

Cardiac / Respiratory / Diabetes / Epilepsy / Hepatitis / Urinary Infections / Eyesight problems / Hearing problems /
 Others -----

Any serious illness in the past? Yes/No. If Yes, Please give details -----

Birth Defect/Handicaps/Disabilities/Hereditary disorders -----

Any learning disabilities? Yes/No If Yes Specify -----

GENERAL BEHAVIOR HISTORY

Speech or Language Impediments:

Behaviors problems: (1) Biting (2) Fighting
 (3) Foul Language (4) Other

ALLERGY HISTORY

ALLERGIES What is your child's allergy (Food, Medical, Drugs, Stings, etc.)? - What is the reaction?
 -Explain in Detail:

Is your child taking any regular allergy infections?

How should the staff respond to your child's allergy situation, should it arise?



FOOD ALLERGIES – What food substitutes can be served to your child?

DOES YOUR CHILD HAVE

Any special requirements for diet, rest, exercise?

History of communicable diseases including any other health problems?

Is your child taking any regular medication?

IMMUNIZATION RECORD

Please attach a copy of the immunization record to this form OR provide the dates of all vaccinations received in the spaces provided below.

Date Vaccine Given (YY-MM-DD)	Diphtheria	Pertussis (whooping cough)	Tetanus	Polio-IPV (by infection)	Polio-OPV (by mouth)	Haemophilus Influenza ' B	Measles (Red) Measles)	Mumps	Rubella (German Measles)	Hepatitis B	TB Skin Test and Result	Comments and other Immunizations