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|----------------|
| Father's photo |
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| Mother's photo |
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|---------------|
| Child's photo |
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Al Fesoul Al Arbaah Nursery

Application Form

About your child

| | |
|----------------|-------------------|
| Name: | Family name: |
| Date of birth: | Age at Enrolment: |
| Nationality: | Gender: |
| Religion: | Languages Spoken: |

About your family

| | |
|---------------------|-------------------------|
| Father's name: | Nationality: |
| Position Held: | Email address: |
| Mother's name: | Nationality: |
| Position Held: | Email address: |
| Number of siblings: | Order between siblings: |

Contact information

| | |
|----------------------------|------------------------|
| Home address: | |
| apartment /building /villa | Home Telephone Number: |
| PO Box Number (City): | |
| Father's work address: | |
| Father's home address: | |
| Father's mobile number: | |
| Mother's work address: | |
| Mother's home address: | |
| Mother's mobile number: | |

Authorized people to collect our child from the nursery

| | |
|-----------------------|------------------|
| 1 st Name: | Relation/Gender: |
| 2 nd Name: | Relation/Gender: |
| 3 rd Name: | Relation/Gender: |

In Case of Emergency

| | |
|-------------------|------------------|
| Contact name: | Relation/Gender: |
| Telephone number: | Mobile number: |

Registration options

| Time | Month - 5 days per week | Term - 5 days per week | Term - 3 Days per week |
|-------------|-------------------------|------------------------|------------------------|
| 8 am – 1 pm | | | |
| | | | |
| | | | |

Nursery (private)

| Date of start | Age group | Date of payment | Payment method |
|---------------|-----------|-----------------|----------------|
| | | | |

| | |
|---------------|-------|
| Parents Name: | Date: |
| Signature | |



Al Fesoul Al Arbaah Nursery

Know the child form

Dear Parents,

Before your child begins nursery, we would like you to share some important information about your child with his/her teacher/caregiver. In order to ensure receiving the best care.

| |
|----------------------------------|
| My Name: |
| My Nickname: |
| My Favourite Food: |
| My Favourite Drink: |
| My Favourite Toys: |
| My Favourite Activities: |
| My Favourite Songs: |
| My Favourite Story: |
| My Sleep time Comforter: |
| My brother/sister: |
| I can feed myself: |
| I can drink from a cup: |
| I am toilet trained: |
| If I am upset, what comforts me? |

How did you hear about our nursery?

| | | | | |
|----------|---------|---------|----------|-------|
| Internet | website | friends | Magazine | Other |
|----------|---------|---------|----------|-------|

| | |
|---------------|-------|
| Parents Name: | Date: |
| Signature | |



Al Fesoul Al Arbaah Nursery

Medical Form

Basic Information

| | |
|--------------------------|----------------------------|
| Child's Full Name: | |
| Child's date of birth: | Gender: |
| Parent's Name - Mother: | Parent's Name – Father: |
| Parent's contact-Mother: | Parent's contact-Father: |
| Family Doctor - Name: | Family Doctor - Telephone: |

Medical History

| | | |
|---|----------|-------------------|
| Does your child have, or has suffered from the following illness/condition: | | |
| Hepatitis | Asthma | Bone/Joint injury |
| Loss of Hearing | Polio | Diphtheria |
| Dysentery | hernia | Heart disease |
| Chicken Pox | Measles | Rubella |
| Epilepsy | Diabetes | Tuberculosis |
| Skin Disorder | Mumps | Pneumonia |
| Whooping Cough | | |

Other Information

| | | |
|---|---------------------|-----------------|
| Do you have concerns over your child's: | | |
| Vision | Hearing | Speech/Language |
| Respiratory Difficulty | Learning Difficulty | Behaviour |
| Co-ordination | Movement | Toileting |
| Food/Other Allergies: | | |
| Chronic diseases: | | |
| Condition requiring Special Attention: | | |
| Regular Medication: | | |

Children have a low resistance to infection. If your child is ill, he/she should not attend nursery until fully clear of illness/infection. If called to collect your child, please endeavour to be at the nursery within one hour. Parents must not hold the nursery liable and must bear all costs in the event of an emergency whereby we are unable to reach the parent and confirm the course of action.

The school nurse may feel the need to administer the following medication/products:

- First Aid Ointment
 Insect Repellent
 Adol
 Fenistil gel (for allergic symptoms)

| | |
|---------------|-------|
| Parents Name: | Date: |
| Signature | |



Al Fesoul Al Arbaah Nursery

TERMS AND CONDITIONS

1- Timings:

- Al Fesoul Al Arbaah Nursery follows the academic year with 3 terms; Autumn (September – November- December), Winter (January -February- March), Spring (April -May- June)
- The nursery opens from Sunday to Thursday. From 8am -6pm.
- Administration working hours: 7am-6pm.
- The nursery closes according to the public holidays of the United Arab Emirates.

2- Admission requirements:

- 4 passport size photographs of the child
- Copy of child's passport and residence visa.
- Copy of father's passport and residence visa.
- Copy of mother's passport and residence visa.
- Copy of birth certificate.
- Copy of immunization record.
- Filling the application form, medical form, know the child form and terms and conditions form.
- Registration fees;(opening file ,medical and uniform fees are not refundable)

3- Fees policy:

- Opening file's fees are paid only once at time of registration for the first time and are not refundable.
- Medical and uniform fees are annual and to be paid in full prior to the agreed starting date and are not refundable.
- Month and term fees must be paid before the starting date
- In case of enrolling your child during the term, all registration, term and month fees must be paid fully.
- Transportation fees must be paid in advance (not refundable) .Two weeks written notice must be given if you no longer require your bus place

4- Retrieval policy:

- If a child withdraw :
 - Month fees will be charged for attending four weeks or less.
 - Two month fees for more than one month attendance.
 - Full term fees for more than two month attendance.
- Payment can be either cash or cheque given to the nursery.

5- Families participation :

- We are aware of the importance for giving the parents the chance to get involved in our services. That is why we are going to:
 - Encourage the good relation with the parents
 - Keeping Confidentiality.
 - Welcome emails.
 - Meet parents .
 - Answering phone calls.
 - Allow parents' participation in the field trips and occasions.

6- Clothing and jewellery:

- The child must wear the nursery uniform and should bring a spare change.
- We advise not wearing valuable jewellery to avoid losing it or accidents that may affect the safety of kids.
- The nursery is not responsible for losing any valuable items found with the child.

7- Meals time:

- In case of arriving late after 9:30am, please make sure that your child had his breakfast.
- Drinking water is available.
- Meals should be sent with your child.
- Soft drinks and candies are not allowed. Please stick to a balanced diet program.

8- At arrival and departure:

- Being late in picking up your child will charge you a penalty of 50 Dhs for each hour late.
- At arrival don't let your child come in alone. Please accompany him/her and make sure to meet his teacher.
- For kids' safety, always close the door.
- We wish all parents who want to come to the nursery to ring the door bell.

9- Medical care and disease:

The nursery follows an accurate system about the control of infection and disease.

Please give us a note if your child suffers from one of the following cases under which your child will have to stay at home:

- Temperature (more than 38.3)
- Rash with temperature or without.
- Diarrhea
- Vomiting
- Unusual Cases of fatigue
- Difficulty in breathing or a persistent cough.
- Yellowing in the eyes or skin.
- Eye's Inflammation.

10- Changes and modifications:

Parents or guardians must inform the nursery management about any change related to:

- Address.
- Phone number.
- People authorized to pick up the child from the nursery.
- Contact name in case of emergency.
- Or any similar changes.

11- Permissions:

- Whilst your child is in nursery we will be taking photographs for nursery Website, display boards and promotional literature – brochure, press releases, advertising:

Yes

No

- We will take the children for educational and recreational trips outside nursery premises and children will be under constant supervision.

Yes

No

- Do you allow your child to participate in the Nursery Events, Religious Celebrations and Birthday Parties

Yes

No

- The nursery contracted physician will perform timely examinations on your child, focusing on general health, growth and well being.

I/We agree to allow the nursery physician to examine our child

- In the event of an emergency, if the Nursery is unable to contact any of the parents the child will receive First Aid by Nursery staff and if necessary be transported to the nearest Health Care Facility.

I/We agree to allow the nursery to adopt the above policy in case of any emergency

- Child Protection: Protecting your child is one of our essential concerns and we will take the necessary action in the case of risk.

Yes

No

I/We parent(s) of _____ declare that I have read the above policies and agree to abide by them. I declare that all information provided is true, correct and complete at the time of signing. And in case of withdrawal I will inform the management before one month if I registered Term and one week before if I registered one Month. According to that I sign.

| | |
|---------------|-------|
| Parents Name: | Date: |
| Signature | |