

REGISTRATION FORM

OFFICE USE		
Date Received:		
Registration Fee Paid		
Deposit Paid:		
Term Fee Paid:		

Attach Photo


Terms and Conditions

- Registration fees non refundable
 Terms fees non refundable

CHILD INFORMATION			
Child's First Name:	Middle:	Last:	Nationality (required by Ministry)
Languages Spoken at Home	Religion (required by Ministry)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: DD / MM / YY
Home Address:			Home Phone : ()
P.O. box:		Emirate:	

PARENT INFORMATION			
Father's First Name:	Middle:	Last:	Father's Nationality (required by Ministry)
Father's Mobile Phone: ()	Father's Work Phone: ()		Father's Other Phone: ()
Father's Email:			Would you like to receive newsletters to this email? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mother's First Name:	Middle:	Last:	Mother's Nationality (required by Ministry)
Mother's Mobile Phone: ()	Mother's Work Phone: ()		Mother's Other Phone: ()
Mother's Email:			Would you like to receive newsletters at this email? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACTS (OTHER THAN PARENTS)

In the case of an emergency and we cannot reach you, is there anyone else we can contact?

1. Emergency Contact Name	Pick Up Authority Phone ()	Relationship to Child
2. Emergency Contact Name	Pick Up Authority Phone ()	Relationship to Child

PICK UP AUTHORITY (OTHER THAN PARENTS)

Please write the names of people that are permitted to collect your child from the nursery e.g. friend, driver, nanny. Anyone not listed, will not be allowed to pick up your child.

1. Pick Up Authority Name	Pick Up Authority Phone ()	Relationship to Child
2. Pick Up Authority Name	Pick Up Authority Phone ()	Relationship to Child

DAYS AND TIMINGS

Spaces are subject to availability and every effort will be made to accommodate your preferred days and timings. Please tick your preferred days and times:

1. Drop Off Time: <input type="checkbox"/> 6:45AM (Additional charge) <input type="checkbox"/> 8:00AM	2. Pick Up Time: <input type="checkbox"/> 12:30PM <input type="checkbox"/> 3:00PM	3. Days: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	Additional Comments:
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OTHER INFORMATION

How did you hear about Kidz Venture Nursery?

- Friend Time Out 7Days Radio
 Search Engine Yalla Social Media Other:

Does your child require any learning support? If so, please provide details

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Consent for photographs

I agree for Orange Seeds Nursery to take photographs of my child which may be used for developmental and observational purposes and advertising including the website and social media?

Yes

No

Consent for the application of sun cream

I agree for sun protection cream to be applied to my child's skin prior to outdoor activities. I understand that I must supply the sun cream.

Yes

No

I am interested in meal delivery options (snack and lunch) for my child (extra cost)

Yes

No

Parent's Name:

Signature: