



Office Use	
Registration No.	
Student No.	

Registration Form

Child's Full Name			
Date of Birth		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality		Ethnic Origin	
Place of Birth		Religion	
First Language	Emirates Id No		
Residence Address	PO Box		
Residence Tel. No.			

	FATHER	MOTHER
First Name		
Last Name		
Occupation		
Company Name		
Mobile no.		
Email Address		

Alternative contact name:			
Relationship to child:		Contact no:	

Select number of days required per week	5 days Sun - Thur	3 days Sun - Tue - Thur	2 days Mon - Wed
Main Nursery Timings: 8.00a.m. - 12.30p.m.			
Do you require early class?	07.30a.m. - 08.00a.m.	Yes / No	
Do you require late class?	12.30p.m. - 2.00p.m.	Yes / No	

Does your child have any allergies?	Yes	No	REGISTRATION Documentation	Tick
If yes, explain briefly:			Registration Form	
			Consent Form	
Does your child have any relevant illnesses or conditions?	Yes	No	Medical Form (complete in Office)	
			Birth Certificate	
			Copy of Child's Passport & Visa	
			Copy of Emirates Id of Child	
Does your child have any dietary requirements? E.g. food related allergies, intolerances, vegetarian	Yes	No	Copy of Sponsor's Passport & Visa	
			Copy of Emirates Id of Sponsor	
			8 Passport Size Photos	
			Vaccination Record Copy	

Siblings name(s) (if attended Little Land): _____

How did you hear about Little Land? _____

Proposed primary school / year to attend: _____

OFFICE USE ONLY:

REG	WL	Retainer	Receipt No Reg/WL	Receipt Retainer	Date Paid	Start Date	CLASS	Form
500	200	1000						CASH CHEQUE ONLINE
CONFIRMED			GENERAL WELCOME PACK	Email or Hardcopy		CLASS WELCOME PACK	Email or Hardcopy	
Update EXCEL		Update OUTLOOK				MOE SIS		



حضانة ليتل لاند Little Land Nursery

Medical Form

Child's First Name:	Family Name:
D.O.B:/...../.....	
Pregnancy/Birth details:	
Delivery (please circle): Normal/C-section	Term: weeks
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	

Allergies:
Doctor's Report received: (Update required every 6 months) <input type="checkbox"/> Date first received:/...../.....
Medical History/Relevant Information:

Emergency Contact <u>NOT PARENTS</u> (in Dubai):	
Name:	Tel.:
Relationship to Child:	
Doctor's name:	Tel.:

Mother's name:
Mother's mobile:
Father's name:
Father's mobile:

I do/do not (Please circle as appropriate) consent to my child,, having a routine medical examination by the Doctor at the nursery. (Consent is automatically assumed in the event of an emergency situation).

Parent:..... Date:

I hereby agree not to hold Little Land Nursery or its staff liable in the case of an accidental injury incurred as a result of my participation or that of my child in regular nursery activities.

Parent:..... Date:



حضانة ليتل لاند Little Land Nursery

CONSENT FORM

Child's name: D.O.B.....Parent's name:

Class:

Date:/...../.....

These consent forms are required in order for us to help keep your child safe. You do not have to sign them but it may slow down any response we are able to administer to your child in the event of an emergency if we have to contact you first.

On-going Medication (Ideally children should have any medication outside nursery hours)
I give permission for the Little Land staff to give my child any prescribed medication, if and when necessary. The term medication includes inhalers, antibiotics etc., and must be a prescribed form of medication. It cannot be accepted unless it is properly labelled.

Signed.....

Panadol/Brufen Medication

I give permission for the Nurse of Little Land Nursery to administer Panadol or Brufen to my child **once verbal permission has been given** (we will call you first). This will be documented in the Incident/Accident Book in the nurse's room for parent reference as required (this will only be administered in cases such as a child having a high temperature).

Signed.....

Sudden illness with children at Nursery

In the event of any accident or serious medical problem, I give permission for Little Land staff to contact, or take my child to a doctor or hospital and authorise emergency procedures if I or any other contact cannot be reached.

Signed

Vision Screening

I give permission for my child to have vision screen testing as part of our continuing healthcare and wellness provision.

Signed.....

Photograph Permission/Opt Out (Please Tick Appropriately)

I do/do not give permission for photographs of my child to be taken and used:

Internally Newsletters/emails, noticeboard displays, observations by staff

Externally* Social Media (Instagram & Facebook): Individual photos Group photos

*Please note our social media posts do not name the child and we endeavor to use the pictures to show activities.

Signed.....

Photograph/Video Confidentiality

We formally request that when parents take photos or record videos in the nursery, they do not post any picture of a child other than their own on the internet (unless parental permission has been obtained). This is for security and privacy purposes.

I agree with the above mentioned policy.

Signed

Information sharing

I give permission for Little Land to work with other professionals and share information regarding my child's development. These professionals may include other child care providers, schools, occupational therapists and support teachers. (Please inform the setting of any professionals who are already involved with your child).

Signed.....

Food Tasting

I understand that my child will experience food tasting as part of his/her childcare.

Signed.....

Show and Tell

I understand that my child may interact with pets brought in for "show and tell".

Signed.....