



| 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 | |
| Does your child have any dietary requirements? E.g. food related allergies, intolerances, vegetarian | Yes | No | Copy of Emirates Id of Child | |
| | | | 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:

| Application Fee | Waiting List Fee | Receipt No Reg/WL | Receipt Retainer | Date Paid | Start Date | CLASS | Form |
|-----------------|------------------|----------------------|-------------------|--------------------|-------------------|-------|--------------------|
| 525 | 210 | | | | | | 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 F

0-4 years Drs. Health Check

Allergies:

Doctor's Report received: (Update required every 6 months) Date first received:/...../.....

Medical History/Relevant Information:

Emergency Contact **NOT PARENTS** (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 childcare 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.....