REGISTRATION FORM

Family Name/Surname of Child……………………………………

Childs First Names.……………………………………………………………………...

Date of Birth…………………………. Boy ☐   Girl ☐

Nationality……………………………. First Language……………………………...

Religion…………………………………….

Home Address …………………………….. …………………………………………

Residence Telephone No……………………………. Mobile No…………………………

Main E-Mail For Correspondence………………………………………………………….

_____

Select Term/(s) Required: Academic Term ☐   All Year Term ☐

Select Group Applied For: Babies   Toddlers   Preschool   Foundation

☐   ☐   ☐   ☐

Select Days Required Per Week:

Sunday ☐   Monday ☐   Tuesday ☐   Wednesday ☐   Thursday ☐

Select Timings per day:

Full Day Care: 7.00am – 6.00pm ☐   8.00am – 6.00pm ☐

Sessional: 8.00am – 12.00pm ☐   1.00pm – 5.00pm ☐   Other: _____

Should you require other days/times please contact the nursery manager directly to see if we can accommodate your request.
_____

Parents Information:

Fathers Name………………………………………………………………………………….

Occupation……………………………………. Company Name……………………………

Work Telephone No………………………… Mobile Telephone No……………..……….

Mothers Name……………………………………………………………………………………

Occupation…………………………………… Company Name……………………………

Work Telephone No………………………… Mobile Telephone No………………………

Emergency Contact Information: (If parents are not contactable)

Name…………………………………………………………………………………………..

Address………………………………………………………………………………………..

Mobile Telephone Number……………………………………………………………………

Home Telephone Number……………………………………………………………………..

Relationship to child…………………………………………………………………………..

_____

Authorization for someone else to collect your child;

Name:	Relationship to Child:	Phone No:
………………………..	……………………………………	………………………
………………………..	……………………………………	………………………

Apart from the child's parents, your child will only be allowed home with a person from the authorized list above.

The authorized persons above must be over 18years of age and must present their ID card upon collection of the child.

_____

Please provide us with details of any relevant illnesses or medical condition including allergies that your child has.

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_____

How did you hear about Little Treasures Nursery? ……………………………………………….

Proposed Primary School for your child? ……………………………………………………….

We request that our above named child be registered as a prospective pupil and have enclosed the non-refundable fee of AED800.

Parents Name…………………………………………………………………………………….

Parents Signature…………………………………………………………………Date…………………

CHECKLIST: (Documents required to complete registration)

- ☐ Completed Registration Form
- ☐ Two Passport Sized Photographs
- ☐ Completed Medical Form
- ☐ Photocopy of Childs passport including residence visa for non UAE residents
- ☐ Photocopy of Childs Birth Certificate
- ☐ Photocopy of child's vaccination card
- ☐ Photocopy of parents/guardians passports including residence visas for non UAE residents
- ☐ Signed Parents Terms & Conditions Form
- ☐ Signed Photography Release Form

Nursery Use Only:

Date Starting:	Class Starting:	Date Paid:	Form of Payment:	Receipt No:

Parental Agreement

I confirm that I have read, am in agreement with and will abide by, the terms and conditions set out in Little Treasures Nursery's Handbook.

Parent / Guardian Name   ……………………….…………………………………………
(Please Print)

Signed   …..

Childs Name   …..

Childs Class   …..

Date   ……...

MEDICAL FORM

BASIC INFORMATION:

Childs Full Name ...………………………………………………………….

Date of Birth………………………………. Boy ☐   Girl ☐

_____

MEDICAL HISTORY:

Please provide us with your child's medical history and any relevant information which the nursery needs to be aware of, including any allergies your child may have:

…………………………………………………………………………………………

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EMERGENCY CONTACT:

Mothers Name .…………………………………………. Tel………………………………….

Fathers Name .…………………………………………… Tel………………………………..

Emergency Contact Name……………...……………….. Tel……………………………….....

Relationship to Child……………………………………………………………………….....

Family Doctor Name .………………………………………………………………………

Family Doctor Telephone .………………………………………………………………….

_____

I do/do not 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…………………………

Please Note: Children have a low resistance to infection. If your child is ill, he/she should <u>not</u> attend nursery until fully clear of illness/infection. If called to collect your child, please endeavor to get to the nursery within one hour if possible. Parents must not hold the nursery liable and must bear all costs in the event of an emergency whereby we are unable to contact the parent and confirm the course of action.

PHOTOGRAPHY RELEASE FORM

Dear Parents,

At Little Treasures Nursery we use our website, social media, whatapp and the application Bloomz, to keep parents of children attending the nursery, updated online. We also use this as a means to help illustrate our services and curriculum to parents hoping to choose Little Treasures Nursery for their child.

We publish photographs and/or videos taken at the nursery on these platforms.

Please fill out the below form so we understand your decision regarding your child. Please note that at no stage will a child's private details appear alongside their picture.

Please tick the appropriate box below:

☐ **I <u>do</u> give permission for my child _____ 's picture to be used by Little Treasures Nursery on the above mentioned.**

☐ **I <u>do not</u> give permission for my child _____ 's picture to be used by Little Treasures Nursery on the above mentioned.**

Parent/Guardian Signature: _____

Print Name: _____

Date: _____

Alternative Agreement Details:

b bloomz

Welcome Parents!

New to Bloomz? Bloomz is a new app that helps parents stay on top of what's happening in their kids' classroom. It works on both your smartphone and computer, and will help you receive quick updates from the teacher, see pictures of classroom activities, access the class calendar and more.

Here is why you should use Bloomz:

It adapts to you. You can use Bloomz on any device, whether it's your PC, Mac, tablet, iPad, iPhone or Android phone. You can also choose to receive notifications via the app directly on your phone, or via email.

It's easy to use. Once you sign up for Bloomz, you will quickly realize how familiar this app feels – all the teacher updates show up in a time feed, and you can check the class calendar, RSVP for events and even signup to volunteer, all in very simple steps.

It is safe and private. The teacher has control of who participates in the classroom, and you only share the information you want to share. Plus, there is no advertising in the app, Bloomz doesn't sell your information to any third parties.

Find out what your child <u>really</u> **learned today.** The more connected you are to what's happening in your child's classroom, the easier it is to have meaningful conversations over dinner that go beyond "what did you do at school today?" "Oh, nothing!"

Signing up is easy!

In order to join a class on Bloomz, you need to be invited by the teacher or school administrator. They will invite you through email or give you a class code you can enter when you sign up for a Bloomz account.

1. Click on the link provided in the email or go to www.bloomz.net and click "Join Bloomz".
2. When prompted, enter the code shared by email or by the teacher.
3. Create your account.

Once you've created your account, go to your phone and search for Bloomz on the App Store or Google Play store, and download the app.