

Registration Form

Please affix a recent passport size photograph

Form No:

Child Information								
First Name	Middle		e Name		Last Name			
Date of Birth (DD/MM/YY)	Y) Nationalit		у		Gender		Religion	
							-	
Primary Language(spoke	Second Language(spoken/understands)							
Home Address:								
P.o.Box:								
Home Telephone:								
Any special Learning needs:								
Doctor's name & telephone no:								
Parent Information								
Father's name:	Mother's name:							
Nationality:	Nationality:							
Profession/Occupation:	Profession/Occupation:							
Company name:	Company name:							
Work Telephone:	Work Telephone:							
Mobile Number:	Mobile Number:							
Email Address:	Email Ad	Email Address:						
Emergency Contact information								
(Please provide 2 emergency phone numbers and names in case neither parents can be contacted)								
Name:	Name:							
Mobile number:	Mobile number:							
Relationship:	ship:							
Preferred joining term (Child aged 3 or older has to attend 5 days a week)								
Term starting	S			Term starting April			Term starting	
October 2012	October 2012 January 2013		2013			September 2014		
() ()			()					
Please select preferred days of nursery attendance								
(The days selected cannot be changed or altered without prior approval)								
Sunday	Monday		Tuesday		Wedneso	lay	Thursday	
()	()		()		()	()	
Please select hours of attendance								
8:00 am - 12:30 pm 8:00 am - 2:00 pm			8:00 am – 5:30 pm 3 – 5:30 pm					
Pick up authorization								
We hereby authorize the below named to pick up our child from the nursery:								
Name:								
Relationship:								
Contact Number:								
(In case of a	ny chan	ges, please in	form the l	Nurs	ery Manager	imme	diately)	



Terms & Conditions:

- Registration fee and medical fee are non-refundable, non transferable and payable at the time of enrolment.
- ➤ Refundable deposit is payable in full at the time of enrolment.
- Tuition fee is payable in advance at the start of each term on dates specified by the nursery.
- ➤ I agree to the nursery taking necessary action for appropriate medical treatment for my child, if we cannot be reached on the contact numbers provided.
- No refunds or reductions will be given in case of absence, illness or vacation.
- Educational and field trips that may be organized from time to time may incur additional costs which will be intimated on a case by case basis. Fees payable for such trips will be payable separately to all other fees.
- Late classes and holiday camps may be offered at an additional cost.
- ➤ Parent/s shall undertake to provide all documentation required by the nursery to complete student registration. All documentation of this nature must be provided by the Parent/s to the Nursery Manager.

This includes, but may not be limited to:

- * One copy of student's and parents' current and valid passport with a U.A.E. residence visa
- * One copy of student's birth certificate (in English only)
- * Four color recent passport photographs of the student
- * Copy of student's immunization records/vaccination record
- * Completed medical form (provided by the nursery)
- ➤ Parent/s confirms that all information provided in the application and admissions documentation is true and accurate. Parent/s undertakes that all documentation submitted to Learning Ladder Nursery is correct, genuine and complete.

Declaration

	I agree to my Child's photographs being used in any nursery brochures, advertising or publications for the Learning Ladder Nursery.						
	I agree to inform the Nursery Manager of any changes to our contact details, ensuring that I can be reached at any time via email, SMS and telephone.						
	I understand that the Learning Ladder Nursery and its Management are in no way responsible for accidents/incidents occurring when using the school transport.						
	The nursery will endeavor to ensure the safety and security of your child, should your child have an accident while in Nursery and it is felt that urgent medical treatment is required; we would require your permission to take your child to the nearest hospital.						
	undersigned certifies that each part of the application and information inserted herein has been efully read and understood and is true and correct. I undertake to abide by the terms and conditions set						
Nan	ne:						
Sigr	ned: Date:						
	For office use:						
Rec	eived by: Admission for class:						
Rec	eipt no: Sign: Date:						