

Registration Form

Branch:



Khalifa City



Reem Island

Office Use Only

- Certified Copy of Child's Birth Certificate
- Copy of Child's Passport
- Copy of Child's UAE Residence Visa
- One Passport Photo
- Up-to-date Immunization Record
- Emirates ID
- Copy of Parent's Passport
- Copy of Parent's Residence Visa
- Copy of Parent's Emirates ID
- Copy of Tenancy Contract or Water/Electricity Bill
- Application Form
- Fees Policy

Fees Paid



Assessment completed



Docuemnts checked



Joining Date

Child Information

Name: _____

Surname: _____

Date of Birth: _____

Gender: Male Female

Nationality: _____

Religion: _____

Parent Information (Father)

Name: _____

Surname: _____

Nationality: _____

Home Tel: _____

Mobile: _____

Email: _____

Parent Information (Mother)

Name: _____

Surname: _____

Nationality: _____

Home Tel: _____

Mobile: _____

Email: _____

Emergency Contact

Name: _____

Surname: _____

Relationship to child: _____

Home Tel: _____

Mobile: _____

Authorisation for Pick Up

1. Name: _____

2. Name: _____

Address: _____

Address: _____

Mobile: _____

Mobile: _____

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

Medical Form

Does your child have any allergies?

Yes

No

If yes, please give details:

How does the allergy show itself?

Asthma

Hayfever

Hives

Other

Does your child have a medical condition that we should know about?

Yes

No

If yes, please give details:

Is it possible that your child may require special educational support?

Yes

No

If yes, please give details:

Does your child have any speech, hearing, vision or respiratory difficulties?

Yes

No

If yes, please give details:

Doctor's Details

Doctor's Name: _____

Contact Number: _____

In the event of an emergency or accident, I authorise the Nursery to take my child to the nearest hospital/clinic for emergency medical treatment. The Nursery will make every attempt to contact me or my emergency contact person. We shall keep the Nursery updated of any changes in the above information relating to our child or to ourselves at all times.

Signature of
Parent/Gardian

Parent Permission for First Aid and General Healthcare Procedures

I, the parent / Guardian of _____

give the Nursery permission to apply the following on my child when the need arises:

Insect repellent

Sun Screen

Diaper Cream

Fenistil Cream (antihistamine)

Band Aid

Antiseptic Ointment

Adol/Panadol (fever)

I give the Nursery Management permission in the event of an accident or an illness requiring immediate medical attention, to take my child to the nearest hospital with the school Nurse. In the event of my child requiring resuscitation, I permit the nursery to provide CPR.

Signature of
Parent/Gardian

Media Consent Form

I, the parent / Guardian of _____

understand that the Nursery may photograph and/or film my child in a positive light during his/her education at Primrose British Nursery.

I understand that these media files may be used for the Nursery's online and printed publications and/or advertisements, and that these files would be the Nursery's property.

Yes, I hereby permit the Nursery to take my child's photograph.

No, I do not permit the Nursery to take my child's photograph.

I shall inform the Nursery in writing if I withdraw my consent.

Signature of
Parent/Gardian