



**OFFICE USE ONLY**

DATE TO START: \_\_\_\_\_

CLASS NAME: \_\_\_\_\_

FULL TIME, 3 DAYS, 2 DAYS

# Little Angels Nursery

## IDENTIFYING DATA

Child's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_

Home Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Tel \_\_\_\_\_ Mobile \_\_\_\_\_

Occupation \_\_\_\_\_ WorkTel \_\_\_\_\_ Father's Name \_\_\_\_\_

Mobile \_\_\_\_\_ Occupation \_\_\_\_\_ WorkTel \_\_\_\_\_

Email address: \_\_\_\_\_

I would like my child to start on day \_\_\_ month \_\_\_ year \_\_\_\_.

My child will attend:

- Full-Time     
  3 days (Sun, Tues, Thurs)     
  2 days (Mon, Wed)

## GENERAL POLICIES

### Dismissal

If you wish to have your child dismissed to individuals other than yourself (grandmother, nanny, uncle etc), then please list below the names of those individuals:

1. Name \_\_\_\_\_ Mobile \_\_\_\_\_
2. Name \_\_\_\_\_ Mobile \_\_\_\_\_

The Nursery requires that you provide below a secret **PASSWORD** which would be used in the event that neither you nor the individuals listed above are able to pick up your child. In that event, please call the Nursery with the name of the person picking up your child and your password.

Special Password \_\_\_\_\_

### Please attach the following to your application:

- 4 passport size photos.
- A copy of your child residence permit.
- A copy of the sponsor's resident permit.
- A copy of your child immunization records.

**The Nursery offers Introduction to Arabic Language and Islamic Studies.**

**Please indicate your interest:**

Arabic: Yes \_\_\_\_\_ No \_\_\_\_\_ Islamic Studies: Yes \_\_\_\_\_ No \_\_\_\_\_

**Fees Policy**

There is no reduction in fees for the holidays the nursery observes or **any days that the child may be out sick. Further, there will be no reduction in fees for any time the child goes away on vacation during the academic year which runs from September until end of June.**

**Photo Permission (Optional)**

I hereby give permission for my child's photo to be taken and used for classroom projects, the photo gallery, or in our newsletter.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CONSENT FOR EMERGENCY MEDICAL ATTENTION**

If at any time, due to circumstances such as an injury or sudden illness, medical treatment is necessary, I authorize the operator, administrator or staff of Little Angels Nursery to take whatever emergency measures is necessary for the protection of my child while in their care.

I understand this may involve applying CPR, first aid, calling a physician and carrying out the instructions given, and/or transporting my child to a hospital, including the possible use of an emergency vehicle. I understand that this may be done prior to contacting me (us) and that any expenses incurred for such treatment, including emergency transportation is my responsibility.

**CHILD'S HEALTH AND BEHAVIOR HABITS:**

Please help us understand your child by briefly answering the following questionnaires. For parents of infants (under 12 months) please give the Nursery an outline of your baby's schedule on a separate piece of paper.

- Is your child currently under medical care? Yes/No  
If yes, please explain

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- Does your child have any allergies? Yes/No  
If yes, please explain

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- Does your child relate well to other children?

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- To the best of your knowledge, does your child have any language problems, or learning disabilities?

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- Does your child have any problems that we should be aware of? Please explain

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**Withdrawal:**

If you need to withdraw your child from Little Angels Nursery for any reason, two weeks notice is required. **If you are unable to give a two-week notice, two weeks of Nursery fees must be paid in lieu of notice**

**AGREEMENT BETWEEN PARENT/GUARDIAN AND NURSERY**

I, \_\_\_\_\_ hereby certify that I have read and understood the entire pages of this application form and the Parent handbook. I am in agreement with all outlined policies and any payment schedule herein.

Signature \_\_\_\_\_ Date: \_\_\_\_\_