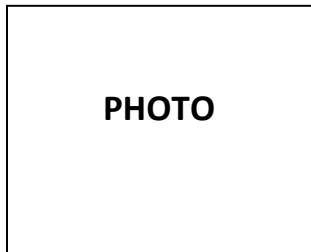




## **REGISTRATION FORM**



Registration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Child's Information:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: (Male) \_\_\_\_\_ (Female) \_\_\_\_\_

Nationality (as per passport): \_\_\_\_\_

Religion (Required by Ministry): \_\_\_\_\_

Passport Expiry Date: \_\_\_\_\_

UAE Visa Number: \_\_\_\_\_

Emirates ID # \_\_\_\_\_

Has your child attended nursery before? If yes,

Nursery Name \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_

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## Parent's Information

Father's Name: \_\_\_\_\_

Nationality (As per Passport): \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive news-letters to this mail: Yes  No

Mother's Name: \_\_\_\_\_

Nationality (As per Passport): \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to receive news-letters to this mail: Yes  No

Residential Address:

\_\_\_\_\_

Home Phone # \_\_\_\_\_ PO Box # \_\_\_\_\_

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## **MEDICAL FORM for NURSE**

### **Child's Information**

First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:(Male)  (Female)

### **Contact Information**

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ PO Box # \_\_\_\_\_

Father's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

### **Physician Information**

Physician's Name: \_\_\_\_\_

Clinic/Hospital Name: \_\_\_\_\_

Telephone # \_\_\_\_\_ Mobile # \_\_\_\_\_

Child's Health Insurance # \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

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## Medical Information

Has your child had any of the following illnesses or suffer from any of these conditions?

Chicken Pox: YES/NO \_\_\_\_\_

Frequent Colds/Sinusitis: YES/NO \_\_\_\_\_

Asthma: YES/NO \_\_\_\_\_

Whooping Cough: YES/NO \_\_\_\_\_

Epilepsy: YES/NO \_\_\_\_\_

German Measles (Rubella): YES/NO \_\_\_\_\_

Diabetes: YES/NO \_\_\_\_\_

Measles: YES/NO \_\_\_\_\_

Mumps: YES/NO \_\_\_\_\_

Rheumatic Fever: YES/NO \_\_\_\_\_

Scarlet Fever: YES/NO \_\_\_\_\_

Tonsillitis: YES/NO \_\_\_\_\_

Tuberculosis: YES/NO \_\_\_\_\_

Heart Trouble: YES/NO \_\_\_\_\_

Hepatitis: YES/NO \_\_\_\_\_

Pneumonia: YES/NO \_\_\_\_\_

Poliomyelitis: YES/NO \_\_\_\_\_

**General Consent:** I hereby authorize the Nursery to conduct observations on my child for evaluation and / or statistical purposes to be used only by Le Jardin Enchanté Nursery.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Does your child have any allergies or food restrictions?

If yes, please specify:

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## **Parental Consent**

### **Consent for Paracetamol:**

The nursery will always attempt to contact the parent prior to administering Paracetamol. If the Nursery cannot contact the parent immediately, your signature below empowers the nursery to administer the Paracetamol if required.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

### **Consent for basic First Aid Treatment:**

I hereby authorize the Nursery nurse or any staff qualified in Pediatric first aid to carry out first aid treatment and / or treatment for minor cuts / wounds as and when necessary.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

### **Consent for Emergency Treatment:**

If emergency treatment is required parents will be contacted and asked to collect their child from the Nursery. If the parents cannot be reached immediately, the Nursery will take your child to the nearest medical center or hospital for emergency treatment. In case of serious emergency, an ambulance will be called immediately. Efforts to contact the parents will continue.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

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## **Nursery (Policies & Procedures)**

### Policies & Procedures:

- A. Registration, Medical, Mobile Application, Uniform and Term fees must be paid in full before the agreed joining date.
- B. Fees are payable two (2) times per year for Academic Registration.
- C. Fees must be paid prior to the start of each term on or before the due date mentioned on the Fee Structure.
- D. All registrations are required to pay an annual Medical Fee of AED 500.00 to cover the cost of Doctor's visit and the full-time on-site Nurse, as required by Ministry of Education.
- E. The Nursery only accepts cash, cheques or bank transfers. Should a Cheque be dishonored for any reason whatsoever, an administration fee of AED 150 shall be charged for each returned cheque.
- F. No discounts, refunds, reductions or transfers in the Term Fees will be given or issued, for any reason whatsoever, after the Term start date, if your child absent, make up days cannot be arranged. Leaves or withdraw from the Nursery within the term or a child's registration is cancelled.
- G. Children must attend the Nursery only on their registered days.
- H. 1 hour extra stay in the nursery will be charged of AED 500.00 per month for each student.
- I. Late pick up fees will be charged of AED 35.00 per hour and charges will be applicable after 15minutes of regular pick up timings.

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- J. One month's prior notice must be given if your place/s at the Nursery is/are no longer required.
- K. Parents shall abide by all rules, regulations and policies of the Nursery.
- L. In case of any emergency, permission is granted to (Le Jardin Enchanté) to provide any necessary medical treatment to my child if I cannot be contacted at any of the emergency numbers provided.
- M. In the interest of Health and Safety of all children, we require you to keep your child at home for a minimum of 24 hours if they have symptoms of contagious illness, such as (Fever, Vomiting, Diarrhea, or Eye Infections).
- N. If a child presents any symptoms of illness during a session at Nursery, Parents will be contacted by the Nurse or Management to collect their child.
- O. Le Jardin Enchanté does not accept responsibility for any accidental loss or damage to the student's property. Please note that children should not bring any valuable items to Nursery.
- P. The Nursery reserves the right to cancel a child's registration should applicable fees not be paid in a timely fashion and/or the Nursery decide, for any reason whatsoever, the child is not suited to the Nursery environment or the parents are not accepting the Nursery rules and regulations as per UAE Federal Law regarding Nurseries (administered by the Ministry of Education).

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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