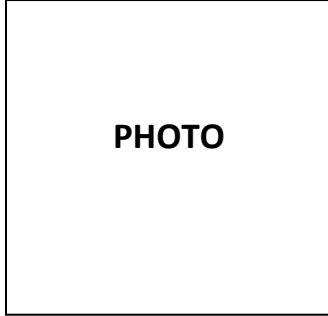


REGISTRATION FORM



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: _____



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 # _____

P.O.BOX 333712. DUBAI (UAE) TEL/FAX: +971 43486788

Website: www.ljenursery.com Email: lejardinenchante7@gmail.com



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. Registrations are an annual Medical Fee of AED 500.00 to cover the cost of Doctor's visit and the fulltime on-site Nurse, as required by DHA.
- E. The Nursery accepts cash, cheques or bank transfers only. 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 is 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. One (1) hour extra stay in the nursery will be charged of AED 500.00 per month per child.
- I. A late pick up fee of AED 35.00 per hour is applicable after 15minutes of regular pick-up timings.
- J. Parents to comply with all rules, regulations and policies of the Nursery.

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K. 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.

L. 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).

M. 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.

N. 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.

O. 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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