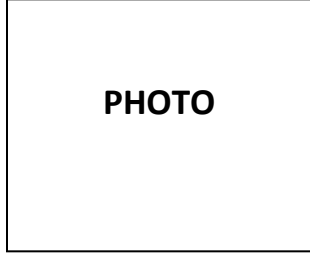




REGISTRATION FORM



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)

- A. A compulsory non-refundable registration fee of AED 500.00 & medical fee of AED 500/- is payable at the time of registration.
- B. Registration, Medical, Mobile Application, Uniform and Term fees must be paid in full before the agreed joining date.
- C. Fees are payable two (2) times per year for Academic Registration.
- D. Fees must be paid prior to the start of each term on or before the due date mentioned on the Fee Structure.
- E. A 10% discount to annual tuition fees will be applied for annually paid in advance. If the child is removed from nursery before the completion of the year, this discount will no longer apply and the 10% will be added back to the term fees payable.
- F. A 5% discount is granted for siblings only if both siblings are attending nursery;
- G. Fees will not be refunded or compensated for any public holidays or absences, including absences due to personal travel.
- H. No refunds or compensation will be provided for any type of closure, including those due to natural calamities.
- I. In case of withdrawal refunds will be granted as per the outlines below:
 - a) A 100% refund is granted on the term fees only if withdrawal is prior to the beginning of term.

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b) A 70% refund is granted on the term fees only if withdrawal is within the first week of the term.

c) A 50% refund is granted on the term fees only if withdrawal is within the first 2 weeks of the term.

d) No refunds will grant after three weeks of attending nursery from the beginning or during the term.

J. Refunds are only available for monthly payments if both of the following conditions are met:

i) the child does not attend classes beyond the 10th day of any given month, and

ii) a notification of withdrawal is received by 10th day of any given month. If eligible, the refund is capped at 50% of the monthly fee paid.

K. The Nursery accepts card payment, payment link, cheques or bank transfers only. Cheque bounce charges: AED 150 + VAT

L. Tuition Fee is charged on a calendar-month basis from Sep to June of the Academic year. It covers 1st term, 2nd term & 3rd term

M. Children must attend the Nursery only on their registered days

N. One (1) hour extra stay in the nursery will be charged of AED 500.00 per month per child.

O. A late pick up fee of AED 35.00 per hour is applicable after 15minutes of regular pick up timings.

P. Parents are required to comply with all rules, regulations and policies of the Nursery.

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- Q. In case of any emergency, permission is granted to (Le Jardin Enchante) to provide necessary medical treatment to any child if none of the emergency contacts provided by the parents can be reached.
- R. 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).
- S. 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.
- T. Le Jardin Enchanté is not responsible for any accidental loss or damage to students' belongings. We kindly request that children refrain from bringing valuable items to the nursery.

Signature of Parent: _____ Date: _____

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