

حضانة ليتل لاند Little Land Nursery

Registration Form

Child's Full Name	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	
Nationality	
Ethnic Origin	
First Language	
P.O. Box	
Residence Address	
Residence Tel. No.	
Email Address	

Father's First Name	Father's Family Name	Occupation	Company Name	Office / MOB
Mother's First Name	Mother's Family Name	Occupation	Company Name	Office / MOB
Alternative Contact		Relationship e.g. Friend, Nanny	Company Name	Office / MOB

Select number of days required per week	5 days	3 days	2 days
Timings: 08.00a.m. - 12.30p.m.	Sun - Thur	Sun-Tue-Thur	Mon - Wed

Do you require early class? 07.30a.m. - 08.00a.m. Yes / No

Do you require late class? 12.30p.m. - 2.00p.m. Yes / No

Does your child have any allergies?	Yes	No	If yes, explain briefly:
Does your child have any relevant illnesses or conditions?	Yes	No	If yes, explain briefly:
Does your child have any dietary requirements? E.g. food related allergies, intolerances, vegetarian	Yes	No	If yes, explain briefly:

How did you hear about Little Land?

Proposed primary school/ Year to attend

REG or WL	DATE PAID	DATE & CLASS STARTING	FORM OF PAYMENT	RECEIPT NO

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Medical Form

Child's First Name: Family Name:

D.O.B:/...../.....

Pregnancy/Birth details:

Delivery (please circle): Normal/C-section

Term: weeks

Gender: M F

Allergies:

Doctor's Report received: (Update required every 6 months) Date first received:/...../.....

Medical History/Relevant Information:

Emergency Contact **NOT PARENTS** (in Dubai):

Name: Tel.:

Relationship to Child:

Doctor's name: Tel.:

Mother's name:

Mother's mobile:

Father's name:

Father's mobile:

I do/do not (Please circle as appropriate) consent to my child,,
having a routine medical examination by the Doctor at the nursery. (Consent is
automatically assumed in the event of an emergency situation).

Parent:..... Date:

I hereby agree not to hold Little Land Nursery or its staff liable in the case
of an accidental injury incurred as a result of my participation or that of my
child in regular nursery activities.

Parent:..... Date:

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CONSENT FORM

Child's name:

Parent's name:

Class:

Date:/...../.....

These consent forms are required in order for us to help keep your child safe. You do not have to sign them but it may slow down any response we are able to administer to your child in the event of an emergency if we have to contact you first.

On-going Medication (Ideally children should have any medication outside nursery hours)

I give permission for the Little Land staff to give my child any prescribed medication, if and when necessary. The term medication includes inhalers, antibiotics etc., and must be a prescribed form of medication. It cannot be accepted unless it is properly labelled.

Signed.....

Panadol/Brufen Medication

I give permission for the Nurse of Little Land Nursery to administer Panadol or Brufen to my child once verbal permission has been given. This will be documented in the Incident/Accident Book in the nurse's room for parent reference as required (this will only be administered in cases such as a child having a high temperature).

Signed.....

Sudden illness with children at Nursery

In the event of any accident or serious medical problem, I give permission for Little Land staff to contact, or take my child to a doctor or hospital and authorise emergency procedures if I or any other contact cannot be reached.

Signed

Photograph Permission/Opt Out (Please Circle Appropriately)

I do/do not give permission for photographs of my child to be taken and used for display as appropriate and for observations to be taken of my child and used within the setting or representing the setting on social media. All photographic posts will be anonymous.

Signed.....

I do/do not give permission for photographs of my child to be used in other children's learning stories e.g. a group photograph within the setting.

Signed

Photograph/Video Confidentiality

We formally request that when parents take photos or record videos in the nursery, they do not post any picture of a child other than their own on the internet (unless parental permission has been obtained). This is for security and privacy purposes.

I agree with the above mentioned policy.

Signed

Information sharing

I give permission for Little Land to work with other professionals and share information regarding my child's development. These professionals may include other child care providers, schools, occupational therapists and support teachers. (Please inform the setting of any professionals who are already involved with your child).

Signed.....

Food Tasting

I understand that my child will experience food tasting as part of his/her childcare.

Signed.....

Show and Tell

I understand that my child may interact with pets brought in for "show and tell".

Signed.....



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Little Land Nursery



REGISTRATION DOCUMENTATION

Dear Parent,

Your child requires the following documentation for his/her file. Please provide the office with this information by the first day your child attends nursery.

Registration Form	Required
8 Passport Size Photos (2 office, 6 class)	
Vaccination record copy	
Passport and Visa copy of child	
Passport and Visa copy of Sponsor	
Emirates ID of child	
Emirates ID of sponsor	
Birth Certificate	
Consent Form	
Medical form to be completed in office	

Thank you