



# Red Bus Nursery

## Registration Pack





**Red Bus Nursery**

## Registration Form

Please complete

Child's Details	
First Name:	Family Name:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:
Nationality:	Religion:
First Language:	Other Languages spoken:
Previous Nursery Attended: (if applicable)	Does your child have any other siblings that attend our nursery? <i>Yes/No</i> If yes please state Name, age and class:
Details of Parents	
Home address:	
Home Telephone Number:	
<div style="text-align: right; font-weight: bold; margin-bottom: 10px;"><i>(Mother)</i></div> First Name:  Last Name:  Nationality:  Profession:  Employer:  Office Number:  Mobile Number:  Email address:	<div style="text-align: right; font-weight: bold; margin-bottom: 10px;"><i>(Father)</i></div> First Name:  Last Name:  Nationality:  Profession:  Employer:  Office Number:  Mobile Number:  Email address:





**Red Bus Nursery**

<b>Notified Person(s)</b> (Person(s) who have permission, from you, to collect your child from nursery)	
<i>Notified person 1</i>	
First Name:	Family Name:
Mobile number:	Email address:
Relationship to child:	
<i>Notified person 1</i>	
First Name:	Family Name:
Mobile number:	Email address:
Relationship to child:	
<i>Emergency Contact 1</i>	
First Name:	Family Name:
Mobile number:	Email address:
Relationship to child:	
<i>Emergency Contact 2</i>	
First Name:	Family Name:
Mobile number:	Email address:
Relationship to child:	

**Where do you hear about our nursery?** (Please tick where appropriate)

- Facebook
- Flyers
- Expat forum
- Word of mouth
- Other (please state) \_\_\_\_\_





## Attendance Details

Please fill in the table below, by choosing which days you would like and the time option you would like. We will do our best to accommodate to your choice.

	Sunday	Monday	Tuesday	Wednesday	Thursday
9am - 1pm					
9am - 5pm					
<i>Any additional hours you request</i>					

Breakfast Club (7-9am) or Late Afternoon (5-6pm) are available and charged at the 'Add-on Hour' rate.

## Specific Details

Do you wish for your child to receive emergency first aid treatment if deemed necessary? *Yes/No*

Do you give staff permission to apply sun cream to your child? *Yes/No*

Do you give staff permission to take photographs and/or videos of your child for the purpose of observation assessments and display in the nursery? *Yes/No*

Please detail anything the child is unable to do due to parents' wishes, religion, medical purposes, culture etc.:

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## Uniform (only for age 2 and up)

Would you like your child to have a nursery polo shirt for an additional 70 AED for one or three for 180 AED?

No    One for 70 AED    Three for 180 AED

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_





## Registration Form Checklist

- Signed Registration Form
- Completed 'All About Me'
- Completed Questionnaire
- Four Passport Sized Photographs (recently taken)
- Copy of Child's passport
- Copy of Child's residency visa (if not a National from the UAE)
- Copy of Mother's passport
- Copy of Mother's residency visa (if not a National from the UAE)
- Copy of Father's passport
- Copy of Father's residency visa (if not a National from the UAE)
- Copy of Birth Certificate
- Copy of documented immunizations
- Signed Medical Form
- Registration Fee
- Medical Fee
- Term Fee
- Uniform Charge (if applicable)





## Medical Form

Please fill in this form as accurately as you can, with a copy of your child's up to date vaccination record.

Child's name:	Date of Birth:	
Class:	Teacher:	
Pediatrician's name:	Pediatrician's contact number:	
Has Your Child suffered from any of the below illnesses? (Please tick, if yes)		
Chicken Pox	Whooping Cough	
German Measles (Rubella)	Mumps	
Rheumatic Fever	Scarlet Fever	
Tuberculosis	Pneumonia	
Malaria	Meningitis	
Other (please state):		
Does your child live with any of the following conditions? (Please tick, if yes)		
Diabetes	Epilepsy	Heart Trouble
Asthma	Allergies	Hearing difficulties
Visual difficulties	Speech difficulties	Other (please state):

**Please give us more information about your child's condition** (only for those who ticked yes in the previous question):

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**Red Bus Nursery**

**Is your child under any medication?** Yes No

If yes, please state \_\_\_\_\_

**Has your child ever been evaluated for learning difficulties?** Yes No

If yes please explain further

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**Has your child been diagnosed with special needs?** Yes No

If yes please explain further:

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**What is your child's blood type (if known):** \_\_\_\_\_

**Past Medical History (please note *anything* you believe to be of importance):**

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### **Digital Publishing Permission**

I do / do not give permission for the Red Bus Nursery Staff to take photos of my child, using the nursery's camera(s), for the purpose of sharing and promoting nursery events.

Signed \_\_\_\_\_ Relationship to child \_\_\_\_\_

