



Application Form

Child Information

Name: _____ Surname: _____

Date of Birth: _____ Nationality: _____ Gender: M F

Religion: _____ 1st language: _____ Other languages: _____

Has the child attended nursery before?

Family Information

Father's name: _____

Mother's name: _____

Nationality: _____

Nationality: _____

Profession: _____

Profession: _____

Employer: _____

Employer: _____

Sibling's name: _____

Date of Birth: _____

Sibling's name: _____

Date of Birth: _____

Sibling's name: _____

Date of Birth: _____

What school do siblings attend? _____

Contact details

Home address: _____

PO Box: _____

Home telephone: _____

Office telephone: _____

Father's mobile: _____

Mother's mobile: _____

Father's e-mail: _____

Mother's e-mail: _____

Emergency Contact name (3rd person): _____

Emergency Contact number: _____

Authorised Persons to collect Child from Nursery, if not Parents

Person name: _____ Relation to child: _____ Contact: _____

Person name: _____ Relation to child: _____ Contact: _____



Enrolment Days and Timings

Days	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
Timings	Normal Hours 7:30 - 12:30			After School Hours 1:00 - 6:00 _____ Please Specify:		

Terms and Conditions

FEES: A Registration Fee of OMR 65/- (non-refundable and non-transferable) is payable at the time of registration. Tuition fees are payable 1 week before the commencement of the term and are non-refundable. Late or incomplete payment may result in loss of registration fees. Replacement days will not be given for unattended sessions.

LATE COLLECTION OR EARLY DROP OFFS: Will be charged at a rate of OMR 3/- for every hour or part thereof.

NOTICE: A one month written notice must be given to the nursery for any cancellation or reduction of a child's attendance. Failure to do so will result in obligation to pay the outstanding fees.

PHOTOGRAPHY: Consent is given to the nursery to photograph and or film my child in a positive light while attending the nursery. These media files will only be used within the context of the nursery (on website, display boards or advertisement) and are property of Al Zain Nursery.

HEALTH & SAFETY: In case of accident or injury to my child, I give full authorization to the Nursery's Management to use their own decision and take the necessary action in the best interest of my child.

LIABILITY: I hereby waive any and all claims against Al Zain Nursery and its employees against any or all liability or responsibility for any claims for loss, damage, injury, death, illness, psychological condition, that my child may suffer arising from participation in activities, programmes in the nursery or during field trips, except in case of gross negligence by Al Zain Nursery staff.

Use of Social Media: The nursery will show photos / videos on social media.

I, undersigned, lawful parent or guardian of the child named below, certify by signing that I fully agree to comply by the aforementioned Terms and Conditions.

Name of Parent:

Signature:

Name of Child:

Date:



Medical Form

1. Does your child currently on any Medication?

Yes No If Yes, please specify _____

2. Is there a history of colour blindness in your family or any other visual problems?

Yes No If Yes, please explain _____

3. Does your child have speech problems?

Yes No If Yes, please explain _____

4. Does your child have difficulty in hearing?

Yes No If Yes, please explain _____

5. Does your child have an allergy history?

Allergen

<i>Eggs</i>	<i>Peanuts</i>	<i>Sea Food</i>	<i>Wheat</i>	<i>Insects</i>
<i>Latex</i>	<i>Medication</i>	<i>Diary Products</i>	<i>Fruits</i>	<i>Others</i>

Reaction

<i>Eczema</i>	<i>Rash</i>	<i>Hives</i>	<i>Eye Swelling</i>	<i>Hoarse Voice</i>
<i>Swelling</i>	<i>Wheezing</i>	<i>Vomiting / Diarrhea</i>	<i>Fainting / passing out</i>	<i>Others</i>

6. Does your child suffer from any of the following conditions?

Medical Condition	Yes	No	Medication	Others, please explain
Asthma				_____
Diabetes				_____
Epilepsy				_____
High Fever				_____
Tuberculosis				_____
Eczema				_____
Heart Disease				_____



I, Mr / Mrs _____ parents of the child _____

Agree Disagree For the Nursery to take my daughter / son to the hospital in case of any emergency to her / him God forbid.

Signature

Name of Parent:

Name of Child:

Signature:

Date:

Registration documents required

- Copy of Child's Oman ID, Passport and Visa
- Copy of Mother's Passport and Visa
- Copy of Father's Passport and Visa
- Copy of Birth Certificate
- Copy of Immunization Record
- Copy of Health Insurance
- Registration Form (completed and signed)
- Medical Form (completed and signed)
- Colour Passport Size Photographs x 2

Where did you hear about us?

- Newspaper Advertisement
- Friends
- Other Internet Websites (Please name)
- Social Media (Please name)

