



## Registration Form

Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

(Please Check)  Female  Male

Date of Birth: (DD-MM-YYYY): \_\_\_\_\_

Nationality: \_\_\_\_\_

Personal Number: (QID): \_\_\_\_\_

### **Father's details:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### **Mother's details:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**EMERGENCY INFORMATION**

**(ALL SECTIONS MUST BE COMPLETED FOR REGISTRATION)**

**Emergency Contact: Person Responsible if Parent(s) not Available:**

1- Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2- Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list any health restrictions or other problems (including allergies) that the child has which should be known by the school:

✓ Allergies? \_\_\_\_\_

✓ Dietary requirements? \_\_\_\_\_

✓ Asthma? \_\_\_\_\_

✓ Febrile convulsion? \_\_\_\_\_

✓ Any major illness or surgery we should be aware of?  
\_\_\_\_\_

✓ Require regular medication for health problems?  
\_\_\_\_\_

**Sickness:**

*I hereby agree to keep my child away from the kindergarten if they have had any Of the ailments in the past 24 hours fever, sore throat, runny nose, crusty eyes, rash, vomiting or diarrhea. A child needs to be free of the symptoms for a minimum of 24 hours before returning to the Kindergarten. That means the child is fever free without the aid of Calpol, or any other fever reducing substance.*

Signature: \_\_\_\_\_

**Medicine:**

I hereby give/do not give consent for Kid'n around Kindergarten's nurse to

Administer over the counter medication (Calpol, sun block etc.) to my child.

Signature: \_\_\_\_\_

**Contract:**

In the event that I can't be contacted, I hereby give consent for (Kid'n Around Kindergarten) to seek and obtain emergency medical or surgical treatment as prescribed by the treating physician, and give permission for my child to be transported accompanied by the kindergarten staff, to an emergency center for treatment.

Signature: \_\_\_\_\_

**Arabic and Islamic Studies:**

I hereby give my permission for my child to participate in taking Arabic Yes/No

and

Islamic Lessons Yes / No

**General**

I give my permission to Kid'n around Kindergarten to:

- o To use my child's photo for official advertising ie: banners and newspapers. Yes/No
- o Give an occasional candy treat Yes /No

Signature:\_\_\_\_\_

**Operating Hours & Late Pick Up**

We would like to bring to your attention that our operating hours are from 7am – 12:30pm

Children who are picked up after 12:30pm **will be charged QR 25 per 15 minutes** starting from 12:45pm.

However we do have an extended hour that has to be pre-arranged, in the event that parents work late and the children cannot be picked up at 12:30pm. The fee for this is QR200 per month. Children who have arranged for a late pick up, need to be picked up by 1:30pm at the latest, those picked up after 1:30pm **will be charged QR 25 per 15 minute**

We understand that sometimes there are unavoidable emergencies, but we would like to ask for your cooperation in ensuring that you are here to collect your child/ren by 12:30pm. If you anticipate that you are going to have a problem please call us immediately.

## **Fees**

The fees are due on the 1<sup>st</sup> school day of each term.

Please note that the fees are non-refundable whether you leave the country or choose to take your child out of the kindergarten.

In the event that a child has been registered at the kindergarten and does not attend the school at the beginning of the term, parents will be liable for the full term fees.

Unless the school has been notified in writing, with a valid reason, seven (7) days before the start of the term, why the child cannot join the school from the beginning of the term

## **Copies Needed:**

Birth certificate

Child QID/RP & passport

2 Recent passport size photos

Vaccination record

Father QID/RP card copy & passport

Mother QID/RP card copy & passport

I hereby agree and accept that the uniform can be purchased at Kid'n Around Kindergarten.

**Parents Name:** \_\_\_\_\_

The kindergarten has the right to refuse admission to any student with special emotional, disciplinary or educational needs that indicate the school cannot serve the child.

All children must be independent with their toilet needs

### **Assessment Fee**

The registration fee is QR1,000, on registering your child at the kindergarten, an initial fee of QR500 (nonrefundable) will be charged for your child's assessment.

Once the assessment has been done and a place allocated to your child, you will be required to pay an additional fee of Q500. The fees for each term are due on the 1<sup>st</sup> day of the term.

You will be notified via email and telephone of the date and time when the assessment will take place.

**Parent's name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_