



REGISTRATION FORM

Child`s Information

First Name	Middle Name	Family Name
Date of Birth	Gender	Nationality(as per passport)
DD / MM / YY	Male <input type="radio"/> Female <input type="radio"/>	
Passport Number	Passport Expiry Date	Visa Number
Has Your child attended nursery before? If Yes, nursery name:		

Father`s Name	Nationality(as per passport)	Languages Spoken at Home
Father`s Occupation	Father`s Employer	Father`s Mobile no.
Father`s Work Phone	Father`s Other Phone(if any)	Father`s Email
Mother`s Name	Nationality	Languages Spoken at Home
Mother`s Occupation	Mother`s Employer	Mother`s Mobile no.
Mother`s Work Phone	Mother`s Other Phone (if any)	Mother`s Email
Home Address	Home Phone	Postal Address



Tick The Relevant Days And Times

Drop Off Time	Pick Up Time	Days
6:30 AM <input type="radio"/> 3:00 PM <input type="radio"/>	3:00 PM <input type="radio"/> 6:00 PM <input type="radio"/>	Sunday <input type="radio"/> Monday <input type="radio"/> Tuesday <input type="radio"/> Wednesday <input type="radio"/> Thursday <input type="radio"/>

Comments / Request

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Emergency Contacts

Emergency Contact Name	Phone	Relationship to Child
Emergency Contact Name	Phone	Relationship to Child

Pick Up Authority

Pick Up Authority Name	Phone	Relationship to Child
Pick Up Authority Name	Phone	Relationship to Child
Pick Up Authority Name	Phone	Relationship to Child

Other Information

How did you hear abouts us?

Friend Radio Others, please specify

Newspaper / Magazine Web Social Media (facebok,Instagram....)

YES NO

Which language classes you prefer your kid to enroll ?choose two

english arabic spanish

other.....

IMPORTANT

Please send this registration form along with the following requirements

- ✔ Copy of child`s passport and ID
- ✔ Copy of parent`s passport and ID
- ✔ Copy of lummunization Records
- ✔ Copy of Medical Insurance or health Card
- ✔ Copy of child`s Birth Certificate
- ✔ Two (2) passport size photo for child
- ✔ Medical registration form

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