

**For school use only**

Term	Year			
Autumn / Spring / Summer				

Nursery Admission Form

Please read the accompanying information before completing this form. Please write clearly in black ink.

Section 1 - Child's Information

Date: _____	
Family Name: _____	First Name: _____
Male: ☐	Female: ☐
Nationality: _____	Date of Birth: _____
Religion: _____	
Did your child Receive any special education support:	Yes: ☐ No: ☐

Section 2 - Parent/Carer's details

Family Information	
Father's Details	Mother's Details :
Full name: _____	Full name: _____
Employer: _____	Employer: _____
Mobile Number: _____	Mobile Number: _____
Email Address: _____	Email Address: _____
Permanent Home Address: _____	
Home Telephone Number: _____	
Emergency Contact Telephone Number: _____	
Authorized Persons to collect child from Nursery:	
1. Person Name: _____	Relation to child: _____ Contact: _____
2. Person Name: _____	Relation to child: _____ Contact: _____
Disclaimer: Due to Covid-19, drop off and pick up will be issued/ scheduled by the Nursery Management by following MOE protocols in keep the safety of the children.	
Timings: ☐ 7:30:00am-12:00noon ☐ 7:30am- 2:00pm ☐ 7:30am- 3:00pm	
Documents required from Parents for registration:	
• Child's ,Father, Mother Current Visa Page.	• Child's, Mother, Father , Passport Copy.
• 3 Passport Photos of Child	• Child, Father, Mother ID copy.
• Copy of Child's Vaccination Book	

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Please read the accompanying information before completing this form. Please write clearly in black ink.

Section 3 - Medical Form

First name: _____ Last name: _____

Gender: Male :

Female:

Date of Birth:

Place of Birth: _____

Mother's name: _____

Father's name: _____

Home Address:

Telephone number: _____

Emergency contact 1: _____

Emergency contact landline: _____

Emergency contact 2: _____

Emergency contact landline: _____

Allergies – Please specify below:

Drug : ☐

Food : ☐

Dust : ☐

Is our child currently physically challenged or under physical or psychological supervision? If yes, please specify below.

Yes : ☐

NO: ☐

Please specify below if your child is taking long term prescription medicine eg: inhalers epilepsy medication etc.

Child's Blood Group:

Has your son/ daughter ever been admitted to the hospital?

Yes : ☐

No: ☐

If Yes, please give reasons: _____



Children's Past Medical History

Has your child Had any of the following medical conditions or disease? If YES, please state the problem type in the comments cell.

Medical Condition	YES	NO	COMMENTS
Cardiovascular problem			
Diabetes (type1/type2)			
Hypertension			
Asthma			
Epilepsy seizures or Convulsion seizures			
Renal and liver Problem			
G6PD syndrome			
Hereditary Blood Disease (Thalassemia, sickle cell anemia, Hemophilia)			
Skin Problem			
Eye problem (Myopia, Hyperopia)			
Viral Hepatitis			
Poliomyelitis (Infantile paralysis infection)			
ENT problems (frequent ear infection, frequent cold, epistaxis, rhinitis, tonsillitis)			
Child developmental disabilities (attention deficit, autism, hearing loss, intellectual disability)			
Any case that may weaken Immunity System such as Cancer (Blood cancer, Lymphoma), or transplantation,			



In the event your child requires first aid medication, please tick below the medications that can be administered to your child when necessary.

☐	Paracetamol	Headache, fever and body ache
	Scopinal Syrup	Abdominal Pain
	Antihistamine Syrup	Allergic Reaction
	Bonjela (Sugar, Salicylate free	Toothache/ mouth ulcer
	Normal Saline	To clear blocked nose
	Strepsils (ages 5 plus	Sore Throat
	Fenistil Gel	Insect Bite and itching
	Fucidine Ointment	Minor and Major wounds
	Bepanthere Cream	Minor and Major wounds
	Amicare gel	Muscles, aches, bruising, stiffness
	Calendula Gel	Burns, scrapes, skin irritation
*You will be contacted prior to administration of these medicines		

☐	Yes. I consent to the above selected medications being administered to my child in the event that my child requires first aid medication.
☐	No. I do not consent to any medications being administered to my child in the event that my child requires first aid medication.
Parent :	Date :
Signature :	Contact number:

Nursery Health Policy Emergency Treatment

To reduce the risk of cross infection, I agree to abide by the Nursery Health Policy which outlines the requisite time away from the Nursery, subject to change. In the event of an emergency, I agree to the School Nurse/ or any member of first aid trained staff providing emergency care including, if required, calling an ambulance or calling in medical attention. I agree that I will be responsible for any and all cost incurred and take full responsibility for such treatment in the event that we are unable to reach the parent and / or emergency contact to confirm the course of action taken.

Signed : _____**Date :** _____**Visiting Nursery Doctor**

I understand that the information provided from the form, will be shared with the Nursery Doctor and Nurse. The Doctor will visit regularly, and my child will undergo routine medical examinations. Parents are welcome to attend and be present when the doctor carries out her routine medical check-ups. Any relevant findings will be communicated to parents by letter. Should you have any concerns you wish to discuss with the school doctor, please notify the Nursery Administration, who will arrange a suitable time for an appointment.

Signed : _____**Date :** _____

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Please read the accompanying information before completing this form. Please write clearly in black ink.

Section 4 - Transportation Form

Basic information:

Children full name: _____ Age: _____ Nationality: _____

Languages Spoken : _____

Father' s Details

Mother' s Details :

Full name: _____

Full name: _____

Employer: _____

Employer: _____

Mobile Number: _____

Mobile Number: _____

Email Address: _____

Email Address: _____

Permanent Home Address: _____

Home Telephone Number: _____

Emergency Contact Number: _____ Relationship to Child _____

Authorised Person to collect from Bus :

1st Person Name : _____

Contact Number : _____

2nd Person Name : _____

Contact Number : _____

3rd Person Name : _____

Contact Number: _____

Please Choose One

☐ Both Ways ☐ One Way to School ☐ One Way To Home

Parents or Nanny cannot use the nursery transportation (only Authorised staff)

- It is not allowed to invite any family members or friends to use the nursery bus .
- Make sure your child is ready on time .
- Bus driver can't wait more than 1 minute if the child is not waiting outside with an adult.
- If the child will not attend the nursery , please inform the staff by sending Whats App early morning to avoid disturbing the parents .
- Parents need to provide car seat for their children .
- Our bus Staff will be taking daily children attendance .
- Our Buses are clean and sanitized on a daily basis .
- Parents need to provide a car seat for the school transportation.

Your children's safety is our top priority

Parent Signature : _____

Parent Name : _____

Section 5- Photography and Video Consent Form

Photos and videos are very important as a record of your child's life and, of course, can be shared with family members living away. Many children feel very proud when their photo is published in the newspaper. For example, the press will be taking photos of many pre-school and nurseries. We must protect the children who are in our care whilst supporting our families' desire to record important memories. Please study the points listed below and sign and return the 'Photography Consent Slip' when registering at the Nursery, to indicate your agreement. If you would like to discuss the matter further, ask questions, or offer some feedback, you are very welcome to do so.

Any photos taken by the staff for display purposes will not show children's names.

- Photos may be taken by the staff for inclusion in children's files- Early Learning Journey folders (Progress Tracker)
- The nursery will allow photos to be published in the newspapers, but not the names of the children unless prior permission has been obtained.
- AWPN may sell or distribute video or photo images of group events such as performances, to pre-school families, for family use only.
 - Any request from other agencies to use children's photos, for example on literature or websites will only be allowed with prior permission from parents.
- AWPN may use children's photos in their literature, marketing materials, website, etc. Please notify the Nursery, in writing, if you would NOT like us to do so.
- If you do not want your child's image to appear on display or in the press, please inform the Nursery principle so that we can keep them out of such photos.
- AWPN we use a digital photo frame for parents to view at the end of each session. If you do not want your child to be shown, please speak to the Principle .

☐ I do permit Al Wahda Private nursery to use the photos they have of my children, as outlined above.

Parent name ; _____

Child name : _____

Signature: _____

Promoting Health and Hygiene

Children have a low resistance to infection. If your child appears unwell or has a fever, please do not send them to the nursery until they are well. If children appear unwell during the day, the School Nurse will contact the child's parents and ask them to collect their child as soon as possible. The child will wait to be collected in the Nurse's room. Please endeavour to collect your child without delay. Children taking antibiotics may return to the nursery only after completing the first 24 hours of antibiotics. Some illnesses may require an all-clear from a Doctor before returning to Nursery. Children who have any of the following symptoms should not attend the nursery until they have been symptom-free for a minimum of 24 hours:

Common Illness	COVID Symptoms
Fever Above 37.5	Fever more than 37.5
Diarrhea	Cough
Vomiting	Difficulty in breathing
Conjunctivitis or eye infection	Sore throat, difficulty in swallowing
Persistent crying or irritability	Loss of taste and smell
Unidentified rash	Running nose as red eyes
Head lice (Children with headlice may not return until the head has been treated and is clear of lice and egg)	Not feeling well, tire or sore muscles, Nausea, Vomiting, Diarrhea

Parents must keep their child at home if they or any family members are experiencing symptoms of COVID-19.

Parents must arrange to pick their child within 1 hour if they receive a call from the nursery stating that their child is unwell.

AWPN reserves the right to refuse admission to a child who is deemed unwell by the School Nurse or who has not been kept at home for a sufficient period -24 Hours symptom-free.

Please ensure you tell us about any allergies, especially those that might have developed after initial enrolment.

Parents must not hold the Nursery Liable and must bear all costs in the event of an emergency whereby we are unable to reach the Nursery and confirm the course of action.

Please note, that we follow Health & Hygiene regulations from the Ministry of Health, UAE.

I read and understood the Health and Hygiene policy.

Parent :

Child Name :

Signature :

Terms and Condition

The terms and conditions set out below reflect the customs and practice of AWN.

The terms are designed to encourage stability and preserve consistency in our nursery

We request all parents to carefully read the below-mentioned terms and conditions before accepting to submit for admission.

1.FEES once paid are non-refundable nor are they transferable unless:

-If the student has paid fees and submits written notice for cancellation before the start of the term, the term fees will be refunded.

-One month written notice must be given if you no longer require your nursery place.

-In case if you are going **to withdraw/stop** your child in the nursery, the remaining payment/cheque **one month written notice** must be given to us.

-December -April -June Nonrefundable.

2.Term fees must be paid before the child starting the nursery to ensure a place.

3.Registration Fee. And Medical fee-activity fee-uniform fee are to be paid in full before the agreed starting date.

4.No refund or reductions will be given in case of absence, illness (including covid ,virus, or vacations.

5.The decision of the management is final and will be in the best interest of the children within our care.

6.The Nursery reserves the right to add and / or modify the fee structure and/or above-mentioned terms from time to time at its absolute discretion.

7.Children / Parents must not bring any valuable items to the nursery. We do not accept responsibility for any accidental loss or damage to property.

8.AWN gives utmost importance to the health and safety of every child within their care. We will only be held responsible if any accidents or injuries occurred in case of our negligence during your child's time at nursery. We are not liable for the cost of expenses, which are suffered by or as a consequence of any pre-existing accidents ,injuries ,or illness during your child's time at nursery.

9.Parents undertake to provide the nursery with completed forms and the documents overleaf.

10. Fee Collection

10a. payment should be made by cash or cheque(current dated)on or before the first day of term.

- Post-dated cheques for each remaining month must also be received while the first payment is made, and the cheques need to be dated no later than the 5th of each month.
- We parent of the applicant declare that I have read and understood the above policies and agree to abide by them. I declare that all information provided is true , correct, and complete at the time of signing.
- We authorize the transfer of this information to the nursery's electronic database. AWN confirms that all information provided I'll be used for official academic purposes only.
- We will treat all personal information and will not disclose any details to any third party , without prior consent.

Manal Essa
Nursery Principal

Parents Signature:
Date:

Signed _____ Date _____

Print name _____

Please Note: Attending the nursery class does not guarantee a place in the reception class of that school. You need to apply for a reception class place at the appropriate time and check the admission policy for the relevant year - policies can change from year to year.

Closing dates for applications to community and controlled schools (and participating academies):

Date of admission to nursery	Closing Date

NB - If there are fewer applicants than places, all will normally be admitted. If there are more applicants than places, the relevant admission policy will be applied.

This form should be returned directly to the Nursery named as preference

Nursery Use Only

Date received by
Nursery:

Address checked and confirmed ☐ Yes ☐ No

Date of birth checked and confirmed ☐ Yes ☐ No

Intake Consideration

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