

THE KNIGHTSBRIDGE NURSERY

NURSERY APPLICATION FORM 2008 - 2009

1. CHILD INFORMATION

First Name: _____ Birth Date: _____ / _____ / _____
Family Name: _____ Age/Sex: _____ / _____
Nationality/Passport: _____ Religion: _____
First Language: _____ Other _____
Language(s): _____

2. FAMILY INFORMATION

Father's Name: _____ Nationality: _____
Profession: _____ Language(s): _____
Mother's Name: _____ Nationality: _____
Profession: _____ Language(s): _____
Brothers' and or sisters' names and dates of birth:
Name: _____ Birth Date: _____ / _____ / _____
Name: _____ Birth Date: _____ / _____ / _____
Name: _____ Birth Date: _____ / _____ / _____

Please advise which parents name to invoice if required for a company by use of an asteriks (*). In the event of an emergency we contact the mother first, if you wish for the father to be contacted in the first instance, please check here: _____.

3. CONTACT INFORMATION

Home Address:
Bldg/Apt/Villa: _____ Street: _____
P.O. Box _____ Area _____

Telephone Numbers:

Home: _____
Mother Office: _____ Father Office: _____
Mobile: _____ Mobile: _____
Email: _____ Email: _____

Emergency Contact:

Name: _____ Relationship: _____
Home: _____ Office: _____
Mobile: _____



4. AUTHORISED PERSONS TO COLLECT CHILD FROM NURSERY (other than parents as listed overleaf)

1st Person Name:	_____	Relation/	_____
		Gender:	_____ / _____
2 nd Person Name:	_____	Relation/	_____
		Gender:	_____ / _____
3 rd Person Name:	_____	Relation/	_____
		Gender:	_____ / _____

5. ENROLLMENT PREFERENCES

- Academic Term _____ All Year _____ Til 1pm _____ Til 3pm _____ Til 6pm _____
- Name of Class: _____ Start Date: _____
- Circle Days: Sunday Monday Tuesday Wednesday Thursday
- Other: Skillplay _____ Summer Camp: _____ Other: _____

Please make any notes regarding Camps / Skillplay (ie. no.weeks enrolled/ times etc.) here:

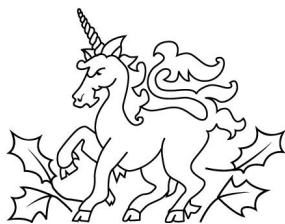
6. PREVIOUS SCHOOL & ACTIVITY RECORD

Name Of School:	_____	Dates of	_____
		Attendance:	_____
Activities	_____	Special	_____
Involvement:	_____	Interests:	_____
	_____		_____
	_____		_____

We take video and photographs of our children during classes and activities for the smartbook, for our bulletin boards and to use in our brochures etc., please advise here if you do not want this done. We reserve the right to limit enrollment and spaces at our discretion, which is subject to change. By signing below you are thereby agreeing and accepting The Knightsbridge Nursery Terms and Conditions.

Date: _____ Signature of Parent/Guardian: _____





THE KNIGHTSBRIDGE NURSERY

MEDICAL QUESTIONNAIRE

1. CHILD INFORMATION

First Name: _____

Family Name: _____

Birth Date: _____

dd/mm/yyyy

/ /

2. HAS YOUR CHILD RECEIVED THE FOLLOWING VACCINATIONS?

*BCG	YES <input type="checkbox"/>	NO <input type="checkbox"/>	*Varicella (13 months)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*DPT/Polio /Hib(2 months)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hepatitis A	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*Meningitis C (3 months)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Hepatitis B	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*DPT/Polio /Hib(4 months)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	DPT/Polio (School entry)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*DPT/Polio /Hib(6 months)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	MMR (School entry)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
*DPT/Polio /Hib(18 months)	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
*MMR (13 months)	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

* Indicate British Standards Immunizations

3. HAS YOUR CHILD HAD ANY OF THE FOLLOWING ILLNESSES OR SUFFER FROM ANY OF THESE CONDITIONS?

Chicken Pox	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Frequent Colds/ Sinusitis	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Whooping Cough	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Fainting	YES <input type="checkbox"/>	NO <input type="checkbox"/>
German Measles (Rubella)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Asthma	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7 day Measles (Rubeola)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Epilepsy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Mumps	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Rheumatic Fever	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Heart Trouble	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Scarlet Fever	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Operations (Specify)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Tuberculosis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Serious Injuries (Specify)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Pneumonia	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Other (Specify)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Poliomyelitis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	NOTES:		
Tonsillitis	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

4. DOES YOUR CHILD HAVE ANY VISION / HEARING IMPAIRMENTS OR LEARNING DIFFICULTIES?

YES

NO

Give detail, if YES:



5.	DOES YOUR CHILD HAVE ANY RESPIRATORY DIFFICULTIES, PHYSICAL DISABILITY OR OTHER REASON TO HAVE RESTRICTED PHYSICAL ACTIVITY?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Give detail, if YES: <hr/>
6.	DOES YOUR CHILD HAVE ANY OTHER HEALTH ISSUE OR REQUIRE ANY SPECIAL MONITORING?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Give detail, if YES: <hr/>
7.	DOES YOUR CHILD HAVE ANY ALLERGIES OR FOOD RESTRICTIONS?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Give detail, if YES: <hr/>

8. CALPOL POLICY/MEDICAL & MEDICINE ADMINISTRATION

I agree that the school may administer Calpol should it be required. The school will endeavour to telephone me should this be required. Any other medication may be administered as required, subject to the signing off by the Parent of the Medicine Administering Form available in the office.

Date: _____ Signature of Parent/Guardian: _____

9. 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, and / or any member of staff providing emergency care including, if required calling an ambulance or calling in medical attention. If called in for a medical reason, I will endeavour to be at the nursery to collect my child within a maximum 1 hour and in no event after closing time. I agree that I will be responsible for any and all costs incurred and take full responsibility for treatment required and hold the nursery and its staff harmless in the event that we are unable to reach the parent and / or emergency contact to confirm the course of action to take.

Date: _____ Signature of Parent: _____

10. CHILD'S FAMILY DOCTOR INFORMATION

Doctor's name	Emergency No.:
Telephone No.:	Mobile No.:
Health Ins. Co.:	Health Card No.:

11. PARENTAL UPDATE OF INFORMATION

I hereby confirm that all the above medical information is true and correct to the best of my knowledge. I endeavour to provide The Knightsbridge Nursery with any changes to this information as and when I become aware of them.

Date: _____ Signature of Parent/Guardian: _____



THE KNIGHTSBRIDGE NURSERY

2008-2009 CALENDAR ACADEMIC / ALL YEAR

Effective July 2008

All Year Program	
All Year Program Autumn Term	Events
Sun 7 th Sept	First Day of Term I – Close at 1pm for All Ramadhan Hrs Begin – Open 8am – Close 5.00pm
Wed 1 st Oct - Thurs 2 nd Oct	Eid Al Fitr Nursery Closed
Tues 2 nd Dec - Wed 3 rd Dec	National Day Nursery Closed
Sun 7 th Dec - Tue 9 th Dec	Eid Al Adha/Islamic New Year Nursery Closed
Thur 18 th Dec	Last Day of Term I
Sun 21 st Dec – Sun 4 th Jan	Christmas/New Year Nursery Closed
All Year Program Winter Term	Events
Mon 5 th Jan	First Day of Term II
Mon 9 th March	Prophet Muhammad's Birthday Nursery Closed
Wed 8 th April	Last Day of Term II
Thurs 9 th April-Tue 14 th April	Easter Break Nursery Closed
All Year Program Spring Term	Events
Wed 15 th April	First Day of Term III
Thurs 4 th June	Graduation – Close at 1pm For All
Tues 30 th June	Last Day of Term III

* This calendar is subject to change. All Islamic Holidays are based on Lunar Calendar, subject to change per UAE and other requirements.



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2008-2009 CALENDAR ACADEMIC / ALL YEAR

Effective July 2008

Academic Term Program	
Academic Autumn Term	Events
Sun 7 th Sept	First Day of Term I – Close at 1pm For All Ramadhan Hrs Begin: Open 8am – Close 5.00pm
Wed 1 st Oct - Thurs 2 nd Oct	Eid Al Fitr Nursery Closed
Sun 19 th Oct - Thurs 23 rd Oct	Half Term/ Nursery Closed
Tues 2 nd Dec - Wed 3 rd Dec	National Day Nursery Closed
Sun 7 th Dec - Tue 9 th Dec	Eid Al Adha/Islamic New Year Nursery Closed
Thur 18 th Dec	Last Day of Term I
Sun 21 st Dec – Sun 4 th Jan	Christmas/New Year Nursery Closed
Academic Winter Term	Events
Mon 5 th Jan	First Day of Term II
Sun 15 th Feb - Thurs 19 th Feb	Half Term Holiday
Mon 9 th March	Prophet Muhammad's Birthday Nursery Closed
Thurs 2 nd April	Last Day of Term II
Sun 5 th April- Thurs 17 th April	Easter Break Nursery Closed
Academic Spring Term	Events
Sun 19 th Apr	First Day of Term III
Thurs 21 st May - Sun 24 th May	Half Term Holiday
Thurs 4 th June	Graduation – Close at 1pm For All
Tues 30 th June	Last Day of Term III

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THE KNIGHTSBRIDGE NURSERY

REGISTRATION CHECKLIST

1.	One (1) recent colour passport sized photograph	<input type="checkbox"/>
2.	One (1) copies of your child's passport and visa	<input type="checkbox"/>
3.	One (1) copies of the child's father's passport and visa	<input type="checkbox"/>
4.	One (1) copy of your child's birth certificate	<input type="checkbox"/>
5.	One (1) copy of your child's updated immunization records	<input type="checkbox"/>
6.	Completed "Nursery Registration Form"	<input type="checkbox"/>
7.	Completed "Medical Questionnaire"	<input type="checkbox"/>
8.	Completed "Terms & Conditions Modification" (if required)	<input type="checkbox"/>
9.	Registration Fee of Dhs. 500 (one time)	<input type="checkbox"/>
10.	Medical Fee of Dhs. 1000 (annual)	<input type="checkbox"/>
11.	Deposit Fee of Dhs. 1,000 (Refundable ONLY against three month's prior written notice)	<input type="checkbox"/>
12.	First Term Fees are due in full 2 weeks before the first day in class.	<input type="checkbox"/>

