

Application Form

PHOTO

FOR NURSERY USE ONLY

Application for 20__ / 20__

Registration No :

Signature :

Date :

Fees :

Guardian :

Child Information

Name :

Sex (M/F) : Nationality :

Date of Birth : Place of Birth :

Language at Home: Other Language :

Previous nursery or playgroups attended :

Country :

Medical Problems : (Yes/No) :

Please complete the medical form below.

Brothers / Sisters :

Information on Parents / Guardian

Father's / Guardian Name :

Occupation : Company Name :

Mobile Tel. No. : Office Tel. No. :

Home Tel. No. : P. O. Box No. :

E-mail address :

Mother's Name :

Occupation : Company Name :

Mobile Tel. No. : Office Tel. No. :

E-mail address :

We need a copy of the passport of each parent guardian and ID

Medical Form

Please complete the following table and questionnaire regarding your child.

1. Does your child suffer from? :

	Yes / No	Is urgent attention ever needed? If yes, explain	Medication
Diabetes			
Epilepsy			
Hemophilia (Blood Clotting Disease)			
Bronchial Asthma			
Rheumatic Fever			
Congenital Heart Disease			
Anaemia (thalassemia)			
Allergies to medication			
Other serious allergies *			

* Explain :

N.B. In case of accidents or other emergencies, give three sources to be contacted. If these sources cannot be contacted the child will be taken to Hospital.

Name	Telephone Number

2. Has your child ever been hospitalized? If so, when, where and what for?

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3. Has your child had any of the following vaccination? If so, please state date of 1st booster dose.

	Yes	No	Date of last booster dose
Tetanus			
Whooping Cough			
Polio			

4. Does your child wear glasses? If so, when was the last test completed?

5. Does your Child have hearing difficulties? If so, does he / she need hearing aid?

6. Is there a history of colour blindness in your family?

If your child is taking a prescribed course of tablets or medicine during nursery hours, please stress to your child the importance of bringing the medicine to the centre clinic first thing in the morning. It can be collected from the clinic before going home. Please clearly write the child's name, age and time that medication is to be taken with any special instructions. Medicines are not to be kept with children. If any serious medical problem develops after completing this record, it is essential that you inform the nursery.

FEES - VERY IMPORTANT INFORMATION
PLEASE READ CAREFULLY

REGISTRATION FEES, CONTRACT OBLIGATIONS & GENERAL INFORMATION

- By enrolling in Luxury International Nursery, you enter into a contract whereby the PARENT/GUARDIAN dutifully agrees to pay the child`s fees every month or term.
- PLEASE NOTE – DURING ALL ABSENCES, either due to holidays or sickness – the FULL month`s fee must be paid to ensure the child`s place at Luxury International Nursery is kept. This is non negotiable.
- If you do not pay the fees within the first week of the month, your child is absent and we cannot get in touch with you and you have not informed us if you are away, then Luxury International Nursery has the right to remove your child`s name from the class list and your child`s place will be filled with a new child. To rejoin Luxury International Nursery, the registration fee will need to be paid again, depending on availability, your child can re-join Luxury International Nursery.
- Fees are paid in advance and payment is due at the beginning of a new

term or the 1st of every month (or to the nearest Sunday after).

- Please give one month notice before withdrawing your child.
- A 10% discount is given on a second child`s fee.

REFUND POLICY

If you pay per term but leave in between – only any full month`s fees will be returned upon ONE month`s notice given before you leave.

I have read all the relevant information regarding the fees and payments and agree to abide by Luxury International Nursery policies.

Child`s name :

Signature of Parent / Guardian:.....

Date :

COLLECTION CONSENT FORM

Child`s Name :

I consent to the following adults collecting my child on my behalf from Luxury International Nursery.

Only the names of peoples listed below will be able to collect my child, unless I notify the Nursery otherwise.

Name of the collector	Relationship to the child	Mobile number

Signature of Parent / Guardian: _____

Date : _____