LITTLE REGENT NURSERY ADMISSION PACK

Little Regent

(For Office Use)	
ESIS Number	
Start Date	DD / MM / YYYY

Please attach Passport Photograph

APPLICATION FORM

Please attach the following document with this application form

- ☐ 1 Photocopy of child's Passport, Visa and Emirates ID
- ☐ 1 Photocopy of Parent's Passport, Visa and Emirates ID
- ☐ 1 Photocopy of your child's Birth Certificate
- ☐ 1 Passport size photographs of your child

CHILD'S DETAILS

FIRST NAME	FAMILY NAME
DATE OFBIRTH DD / MM / YYYY NATIONALITY	GENDER M ☐ F ☐

PARENT'S DETAILS

MOTHER (All information is mandatory)	FATHER (All information is mandatory)
FIRST NAME	FIRST NAME
NATIONALITY	NATIONALITY
MOBILE NUMBER	MOBILE NUMBER
EMAIL	EMAIL
EMPLOYER	EMPLOYER
WORK NUMBER	WORK NUMBER
HOME ADDRESS	

ALTERNATE GUARDIAN DETAILS

NAME	MOBILE NUMBER
RELATIONSHIP TO CHILD (AUNT/UNCLE/DRIVER/NANNY, ETC)	

CHILD PICK UP AUTHORITY (**The designated person shall be aged 18 years and above & hold a valid ID, either and EID or passport)**

Who is authorized to pick up my child/children	☐ MOTHER ☐ FATHER ☐ OTHER
If other, please give details (provide a copy of the Emirates Id)	
TELEPHONE NUMBER	

PREFERRED TIME SCHEDULE

07:00 - 14:00 ☐		07:00 - 17:00 ☐
07:00 - 18:00 ☐	(optional – additional fees apply)	☐
☐ 5 days	☐ 3 days	☐ 2 days

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MEDICAL FORM

(Please complete in BLOCK LETTERS)

CHILD'S DETAILS

FIRST NAME		FAMILY NAME	
DATE OFBIRTH DD / MM / YYYY	NATIONALITY	GENDER	M ☐ F ☐

EMERGENCY CONTACT

Who do you want us to contact in an Emergency?	☐ MOTHER ☐ FATHER ☐ OTHER
If other, please give details (person to contact if parents are unavailable)	
TELEPHONE NUMBER	

MEDICAL/HEALTH INSURANCE

MEDICAL INSURANCE CARD NUMBER	

To help us maintain a safe and healthy environment for all children and staff, we kindly request that you keep your child at home if they are displaying any signs of illness. Sending a sick child to Nursery not only affects their own recovery but may also compromise the well-being of others. Any child who shows symptoms of illness while at Nursery will be sent home immediately.

Please do not place any medication—especially unprescribed or over-the-counter drugs—in your child's school bag, and refrain from administering medication prior to drop-off in an attempt to mask symptoms of illness. This practice may delay proper treatment and increases the risk of infection to others.

Children who have been prescribed antibiotics must remain at home for at least 24 hours after the first dose has been administered, to ensure they are well enough to return and are no longer contagious.

If your child requires medication to be given during Nursery hours, a Medication Consent Form must be completed in advance. Please ensure all relevant details, including dosage, timing, and any specific instructions, are clearly provided when submitting the medication.

MEDICAL INFORMATION (Please ✓ and provide if your child has had any of the following medical condition)

	YES		NO		YES	NO
Diabetes				Hand, Foot & Mouth Disease		
Kidney Disease				Epilepsy		
Heart Disease				Tuberculosis		
Lung Disease				Poliomyelitis		
Asthma				Diphtheria		
Liver Disease				Pneumonia		
Diphtheria				Hepatitis		
Measles				Eczema		
Mumps				Bed wetting		
Rubella				Allergies (Food, Insect bites, medication or other)		
Chicken Pox				OTHER PLEASE SPECIFY BELOW **(including any specific medical conditions/disabilities or additional learning needs)**		

If you answered YES to any of the above, please provide details and proof diagnosis

Does your child require regular or long-term medication?
If you answered YES, please provide details Yes No

CONSENT DECLARATION

CHILD'S NAME	PARENT'S NAME

I, named above, hereby give my consent to the administering of basic medical treatment to my child, if necessary, whilst at the Little Regent Nursery in the form of:

	YES	NO
Adol Pediatric – in the case of fever and pain		
Fenistil Gel - in the case of insect bites/ stings/ mild allergic reactions		
Calamine Lotion - in the case of itchy rashes/spots		
Plasters/Bandages - in the case of cuts and scrapes		

Any medication or treatment will be reported by a note from the Teacher, and any serious illness or injury will be reported by a telephone call.

I hereby accept and agree that in case of an accident or injury or medical emergency, the Principal or authorized staff of Little Regent Nursery shall have full authority to take the necessary decision to ensure appropriate emergency medical treatment of my child at a hospital and or if I cannot be reached at any of the listed contact numbers.

PARENT SIGNATURE	DATE DD / MM /YYYY

MEDICAL MANDATE

It is very important for us to minimize the spread of preventable illnesses in children at our Nursery. We therefore advise all parents to refrain from bringing their child to the Nursery if they are suffering from the following symptoms:

- Diarrhea
- Vomiting
- Fever (38 degrees and above)
- Sore throat/Strep throat, discomfort, or redness of the throat
- Ear infection
- Glandular fever
- Unidentified rash
- Head lice
- Mouth sores & Skin rash commonly known as hand, foot & mouth
- White or yellow discharge from the eye, eye pain, redness or swelling

Your child should remain at home and be evaluated by a physician. They may only return to the Nursery once they have been symptom-free for at least 48 hours and can provide a valid medical certificate.
If your child arrives at the Nursery unwell or becomes ill while in our care, you will be contacted immediately to collect them.

I acknowledge that I have read, understood, and agree to comply with the above policy.

PARENT'S SIGNATURE:	DATE DD / MM / YYYY

IMMUNIZATION SCHEDULE

Child's Name:_____ Date of Birth: _____

Please confirm that your child has received the vaccinations as detailed in the schedule below by checking the box:

Age	Vaccine	Immunize Against	Check Box
After Birth	BCG (Bcillum Calmette-Guerin)	Tuberculosis	
	HepB	Hepatitis B	
End of 2nd Month	Hexavalent (DTaP-HepB-IPV/ Hib)	Diptheria, Tetanus, Pertussis, Hepatitis B, Poliomyelitis & Haemophilias Influenza B	
	PCV (Pneumococcal Conjugate)	Pneumococcal (vaccine serotypes)	
End of 4th Month	Hexavalent (DTaP-HepB-IPV/ Hib)	Diptheria, Tetanus, Pertussis, Hepatitis B, Poliomyelitis & Haemophilias Influenza B	
	PCV (Pneumococcal Conjugate)	Pneumococcal (vaccine serotypes)	
End of 6th Month	Pentavalent (DTP-HEPB/Hib)	Diptheria, Tetanus, Pertussis, Hepatitis B and Haemophilias Influenza B	
	PCV (Pneumococcal Conjugate)	Pneumococcal (vaccine serotypes)	
	OPV (Oral Polio Vaccine)	Poliomyelitis	
End of 12th Month	MMR	Measles, Mumps & Rubella	
	Varicella	Chickenpox	
End of 18th Month	Tetravalent (DTaP/Hib)	Diptheria, Tetanus & Pertussis	
	PCV (Pneumococcal Conjugate)	Pneumococcal (vaccine serotypes)	
	OPV (Oral Polio Vaccine)	Poliomyelitis	

MEDIA CONSENT

I, the undersigned, hereby grant permission to **Little Regent Nursery** to use photographs and/or videos of my child for use in Nursery-related materials, which may include newsletters, promotional content, the Nursery's official website, printed brochures, and social media platforms such as Facebook, Instagram, and WhatsApp.

I understand that these images may be published or distributed at any time from the date below and may be used to showcase the activities and environment of the Nursery.

Please select one of the following options:
☐ *I give permission* for my child's photographs/videos to be used on the Nursery's website, social media platforms, and publications.
☐ *I do not give permission* for my child's photographs/videos to be used on the Nursery's website, social media platforms, or publications.

SCHOOL FEES

School fees are invoiced monthly in advance and are payable no later than the 5th working day of each month. Fees are charged over a 10-month period, covering the academic year from commencement through to the end of June. Late payment will result in the suspension of the Famly application, which will be reinstated once full payment has been received.

Fees remain payable regardless of a child's attendance, including periods of absence or travel, provided that one month's written notice of travel has been submitted. Fees are not charged during the summer vacation period.

The nursery will be closed on all public holidays, as well as during the period between Christmas and New Year. Regular fees will still apply during these closures.

Fees are also payable in the event of unforeseen closures beyond our control, including severe weather conditions, closures mandated by government authorities, interruptions to essential services, or any circumstances that may affect the safety and security of the nursery.

The Accounts Department will issue reminders for any late payments. After the third reminder, access to the Famly application will be suspended until outstanding fees are fully paid.

Please note, the nursery reserves the right to withhold withdrawal from the ESIS system at the end of the academic year if any fees remain unpaid.

Extended Fees Care :

Our regular nursery hours for your child are:

- **7:00am to 2:00pm**, as outlined in our current fee structure.
- **7:00am to 5:00pm,** as outlined in our current fee structure
  Optional timing for extra care till 6:00pm, additional charges apply

:

- **First extra hour:** 5% of the approved tuition fee (applicable per day, weekly, termly, monthly, or annually, depending on the service requirement).
- **Second extra hour onwards:** 2.5% of the approved tuition fee (applicable per day, weekly, termly, monthly, or annually, depending on the service requirement).

PARENT AGREEMENT

At our Nursery, we are committed to providing a safe, healthy, and joyful environment where your child can learn, grow, and play. This agreement outlines how we can work together to support your child's development through engaging and meaningful activities. By signing this form, you acknowledge and agree to support the activity guidelines we follow to ensure the best experience for your child.

PARENT UNDERTAKING

- Ensure your child's school fees are paid promptly, in line with the fee policy.
- Notify the nursery of any absences or illness.
- Collect your child at the scheduled time and inform the nursery in advance if you will be late.
- Please do not send your child to the nursery with toys or valuable items.
- Keep the nursery updated with any changes to your contact details.
- Inform the nursery of any concerns or circumstances that may be affecting your child's behaviour.
- Remain actively involved by attending parent meetings and participating in special events and keep an open communication with the nursery school.

Parent Signature: _____ Date: _____