



Juniors Nursery

STUDENT APPLICATION FORM

For the academic year 20...../ 20.....

Please attach
a recent colour
photograph

First Name:				Family Name:			
Other Name:				Father's Name:			
Gender :		Male	<input type="checkbox"/>	Female		<input type="checkbox"/>	
Date of Birth:	Day:	Month:	Year:	Age:	Place of Birth:		
ID Number:				Passport Number:			
Nationality : (Student)		(Father)		(Mother)			
Home Address:							
When do you wish your child to start at Juniors Nursery?: Day <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>							
My child will attend :		2 days	<input type="checkbox"/>	3 days	<input type="checkbox"/>	5 days	<input type="checkbox"/>
What language is spoken most often in your home?				Other Languages spoken:			
Religion:							
Do you wish your kids to learn Islamic studies: yes				<input type="checkbox"/>	No		<input type="checkbox"/>
Do you give permission for the nursery to take photos for your child? Yes						<input type="checkbox"/>	No <input type="checkbox"/>

FATHER'S INFORMATION

First Name:	Family Name:
Mobile No:	Work No:
Home No:	Email Address:
Occupation:	Company Name:

MOTHER'S INFORMATION

First Names:	Family Name:
Mobile No:	Email Address:
Occupation:	Company Name:

Emergency Contact Numbers: 1) _____ 2) _____ 3) _____

Who would be responsible for payment of School fees?

Father ☐ **Mother** ☐ **others** ☐

If others, specify relation: **Name :**

Contact Number:

Who shall pick-up the child(ren) from the nursery in absence of parents?
Please give at least 3 names along with the following details:

<u>Contact 1</u>	<u>Contact 2</u>	<u>Contact 3</u>
1. Name:	1. Name:	1. Name:
2. ID No:	2. ID No:	2. ID No
3. Contact No:	3. Contact No:	3. Contact No:

The nursery requires you to provide a secret password which would be used in case of handing over a child for someone other than yourself and the above mentioned names:

Does your child have any problems that we should be aware of? Please explain;

Agreement between Parent/ Guardian and Nursery

If an offer of a place is made for my child at Juniors Nursery, I understand that:

- I am required to pay a non-refundable registration fee of QR1000 in addition to the applicable tuition and uniform fees.
- I understand that if I withdraw my child from the nursery in order to attend another one or for any reason, I will be liable to pay a Registration Fee again after a period of 6 months.
- There will be no reduction of fees if my child is absent.
- The nursery has the right to dismiss the child if the parents stop or are late paying.
- My child shall be subject to the rules, regulations, and discipline, as laid down by the management.
- The nursery is not responsible for the loss of gold.

I confirm that the information supplied in this application form is true and accurate.

Signature:

Full Name:

Relationship to Child:

Date:



Sick Policy Agreement

The following illness policies will be strictly enforced in Juniors Nursery, for the health well being and safety of all concerned.

Under no circumstances may a parent bring a sick child to the nursery, or if the child shows any signs of illness or is unable to participate in the normal routine and regular school day activities. Sick children will expose all children and staff members who they come in contact with.

Because the health of your kids is our priority, your cooperation on this issue is extremely important.

In the event a child becomes ill and needs to be picked up, the parent(s) will be called and are expected to come pick the child up within two hours. If the parent(s) cannot be reached, or have not arrived within two hours, the emergency contact person will be called and asked to come pick the child up.

Symptoms requiring removal of child from school:

- Fever: **38 degree Celsius and above.** (A child needs to be fever free for a minimum of 24 hours before returning to school, that means the child is fever free without the aid of fever reducing substance.)
- Sore throat, swollen glands, earache, breathing trouble, loss of voice, hacking or continuous coughing.
- Diarrhea, vomiting: 2 or more times in a 24 hour period.
- Frequent scratching of body of scalp, lice, rash, or any spots that resemble childhood diseases.
- Red eyes, swollen eyes, and or watery yellow discharge from the eyes.
- Chicken pox, measles, rubella scarlet fever, tuberculosis, hand foot mouth disease, pneumonia.

Sick policy agreement

Manager

Child's name: _____

Child's classroom: _____

Parent's Signature: _____

Date: _____