

Branch:	
Reg. Date:	
Start Date:	
Age:	
Class:	
Amount + Receipt №:	

Registration Form – 2020/2021

Child's Information						
Name:					Nationality:	
Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F	Date of birth:	- -	QID №:	
Family Information						
Residential area:		Home telephone:		Language(s): spoken at home		
Building №:		Zone №:		Street №:		
Father's name:				Occupation:		
Mobile № :				Employer:		
Email:				Work telephone:		
Mother's name				Occupation:		
Mobile № :				Employer:		
Email:				Work telephone:		
*I confirm that my email(s) and phone number(s) are complete and accurate. It is my responsibility to regularly check my emails and answer phone calls when contacted by the Nursery.						

Emergency Contact Information			
In the event of an emergency, please nominate someone that will act on your behalf.			
Full Name:		Relationship to child:	
Mobile № :		Work telephone:	
Full Name:		Relationship to child:	
Mobile № :		Work telephone:	
Additional Information			
Has your child been to nursery before?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please state nursery name:			
Would you be interested in your child attending our Summer Camp in July & August 2021?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
How did you hear about us?	<input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Facebook <input type="checkbox"/> Other, please specify:		
I hereby give permission for my child's photo to be taken and used for classroom projects, photo gallery, nursery website, Facebook, Instagram, Media or promotional purposes.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
I would like my child to attend classes in:	<input type="checkbox"/> Arabic <input type="checkbox"/> Islamic <input type="checkbox"/> None		
Parent Signature:	Date:		

Medical Information

Physician & Insurance Information			
Physician's Name:		Pediatrician: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile № :		Area:	
Clinic/Hospital:			
Health Insurance Company:		Insurance № :	
Medical Record			
<p>Little Academy Nursery follows strict health and safety guidelines set by the Ministry of Health. In the event a child becomes ill and needs to be picked up, the child will be taken to the Isolation Room until the child is picked up. The parent or authorized person must try and pick up their child within one hour of being called. In the case that your child has a contagious illness, a doctor's note will be required to confirm that the child is symptom free. <u>In the event a medical note is not provided, the child will not be allowed into the classroom.</u></p> <p>Please note that, your child will not be allowed to attend Little Academy Nursery if he/she exhibits symptoms of an illness or has a fever that requires medication.</p>			
Has your child had any of the following illnesses or is currently suffering any of these conditions?			
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sinusitis (Frequent cold)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scarlet Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hand, Foot and Mouth	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rubella (German Measles)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child require medical attention and/or has a medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please explain:	
Does your child have any allergies and/or food restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please explain:	
Learning Support			
Does your child receive or require any learning support?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please explain:			
Does your child face any behavioral and/or developmental challenges?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please explain:			
Would you like to receive information about Mind Institute, a specialized center for learning difficulties?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Please Note: Should it become apparent that your child requires learning or behavioral support during his/her time at the nursery or displays any difficulties or needs that we are unable to accommodate, Little Academy Nursery reserves the right to discontinue your child's enrollment.</p>			
Parent Signature:		Date:	



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Other Information

Pick Up - Dismissal			
If you wish to have your child dismissed to individuals other than yourself (grandparents, aunt/uncle, nanny etc.) please list them below.			
Full Name:		Mobile No :	
Relationship to child:			
Full Name:		Mobile No :	
Relationship to child:			
Parental Consent			
1. Consent For Paracetamol			
In the case where a fever (38 degrees Celsius or above) is detected, the nursery will always attempt to contact the parents prior to administering paracetamol. If the parents/emergency contact(s) are unresponsive to our phone calls, your signature below authorizes the nursery to administer paracetamol if needed.			
Parent Signature:		Date:	Dosage: ____ ml
2. Consent for First Aid & Emergency Treatment			
<p>I / We the undersigned parents / guardians of the registered child, a minor, do hereby authorize Little Academy Nursery as our agent to consent to any diagnostic procedure or medical care which is deemed advisable by and is rendered under the general or special supervision of any licensed physician or surgeon.</p> <p>It is understood that this authorization is given in advance not for any specific need for treatment but is given to provide authority on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the physician in the exercise of his best judgment may deem advisable. All medical expenses including transport expenses to the medical facility are the parents' sole responsibility. This authorization shall remain effective until the child is withdrawn from Little Academy Nursery unless sooner evoked in writing and delivered to said agent(s).</p> <p>The nursery is comprehensively child proofed and the children are consistently well supervised. However, accidents do happen. I the undersigned(s) assume all risk of injury or harm to my child associated with participation in the nursery and agree(s) to release, indemnify, defend and forever discharge Little Academy Nursery and its staff, employees and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of actions in respect of injury, death, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in the nursery. Also, I hereby waive and release any and all rights and claims for damages I may have against Little Academy Nursery, its representatives and assigns for any and all injuries suffered by my child during drop off and pick up.</p>			
Parent Signature:		Date:	
<p>By enrolling your child into Little Academy Nursery, you acknowledge that you have read, understood and agreed to abide by all Little Academy Nursery policies and Procedures and by all sections of this registration form. Little Academy Nursery reserves the right to change its fees, terms, conditions and policies at any time and without prior notices.</p>			
Parent Signature:		Date:	
Important: Below mentioned documents are required to submit together with the application form			
<input type="checkbox"/> 2 Passport size photos of the child.	<input type="checkbox"/> A copy of the child's Passport and Qatar Resident Permit / QID.	<input type="checkbox"/> A copy of both parents Passport and Qatar Resident Permit/ QID.	<input type="checkbox"/> A copy of the child's immunization records.



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Consent for COVID-19



تعهد اجراءات السلامة الخاصة بفيروس كورونا

I, the undersigned, as the guardian of (child's name) / _____ registered in Little Academy Nursery from the date: _____. undertake to abide by everything that was stated in the circulars of the Ministry of Health and the Family development department to ensure that children and employee are not exposed to infection with the Coronavirus (Covid-19) through the following:

- 1- Not to send my child to the nursery in case he/she suffers from fever, runny nose, dry cough, or vomiting, and to notify the nursery accordingly through the e-mail or contacting them, and to bring a medical certificate confirming that he/she is free of diseases.
- 2- Keep my child at home for a period of no less than 14 days in case he/she was in contact with someone infected with the Coronavirus and inform the nursery of the case immediately, with the obligation to bring a medical certificate allowing him/her to return to the nursery.
- 3- I bear the full responsibility for sending my child to the nursery, and I do not hold the nursery any responsibility in the event that my child is infected with the Coronavirus (Covid-19) during his/her stay in the nursery.
- 4- Not to ask for fees refund in case my child suffers from Coronavirus (Covid-19) or the nursery is forced to close based on the ministry's decision for a period of 14 days due to a Covid-19 case.
- 5- Cooperating with the nursery's staff and management in all the taken measures to limit the spread of the Coronavirus (Covid-19) and to preserve the safety of the children and the staff.

أتعهد انا الموقع أدناه و بصفتي ولي أمر الطفل/ة _____ المسجل/ة لدى حضانتكم من تاريخ _____ ، بأنني سالتزم بكل ما جاء في تعاميم وزارة الصحة و إدارة شؤون الأسرة للحرص على عدم تعريض الأطفال و العاملين في الحضانة للإصابة بفيروس كورونا كوفيد ١٩ من خلال ما يلي:

1. عدم ارسال طفلي/طفلتي إلى الحضانة في حال كان يعاني/ تعاني من ارتفاع الحرارة ، سيلان الأنف، السعال أو القيء، و ابلاغ الحضانة بذلك عن طريق الإيميل أو الإتصال بهم، مع ضرورة احضار شهادة طبية تؤكد خلو الطفل من الأمراض.
2. إبقاء طفلي في المنزل لمدة لا تقل عن ١٤ يوم في حال كان مخالطاً لأحد المصابين بفيروس كورونا، و ابلاغ إدارة الحضانة بالحالة فوراً، مع الإلتزام بإحضار شهادة طبية تسمح له بالعودة الى الحضانة.
3. تحمل كامل المسؤولية عن ارسال طفلي الى الحضانة ولا أحملهم أي مسؤولية في حال أصيب طفلي بفيروس كورونا (كوفيد ١٩) خلال فترة تواجدته بالحضانة.
4. عدم مطالبة الحضانة باسترجاع اي مبالغ مادية في حالة أصيب طفلي بالكوفيد-19، او في حال اضطرت الحضانة الى الإغلاق بناءً على قرار الوزارة لمدة ١٤ يوم بسبب الفايروس.
5. التعاون مع إدارة الحضانة فيما يتعلق بجميع الإجراءات التي قد تتخذها و التي من شأنها أن تحد من انتشار فايروس كورونا، و الحفاظ على سلامة الاطفال و العاملين فيها.

Parent Name:

QID Number:

Signature:

Date:



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