



44125187

Registration Form

For internal use of Little Butterflies Nursery

Application for the year 201__ / 201__

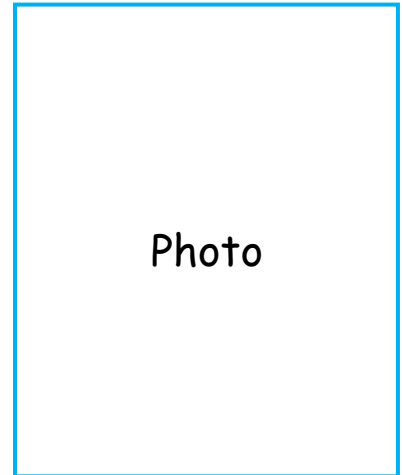
Date _____

Registration No _____

Fees _____ QAR

Checklist:

- Copy of birth certificate
- Recent passport sized photo
- Copy of vaccination record
- Copy of father's ID card
- Father's passport copy
- Completed My Little Butterflies Passport
- Copy of any court orders involving custody of child
- Registration fee (QAR 1200)



Child's Information



Name _____
First Middle Family

Gender



M F



_____/_____/_____
Date Month Year



Blood group _____



Language at home _____



Nationality _____



Other language _____



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Parents' / Guardians' Information

Mother's Information



Occupation _____



Work #: _____



Company _____



Fax #: _____



Mobile #: _____



P.O. Box # _____

Father's Information



Registration Form

Registration Details

On which days would you like to place your child under our care? (Please cross the boxes)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mon	Tues	Wed	Thu	



Extra Languages

Please circle:

I would like for my child to learn Arabic/ French as an extra language.

Siblings at Little Butterflies Nursery _____

Pick-Up Time

Details regarding other individuals authorized to pick up your child:







Relationship _____









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LittleButterflies Nursery



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Medical Record

Does your child suffer from any of the following? Please elaborate including medications needed if you answered yes.



Allergies _____



Asthma _____



Diabetes _____



Heart disease _____



Other _____



Regular medication _____

Please note that any regular medicine to be given to your child needs to be handed over to the Nursery Nurse in the morning and picked up from the Nurse when picking up your child, unless you wish to keep extra medicine with our Nurse. Please also make sure that you write your child's name, instructions, required dosage and desired time of administration clearly.

I have no objection to Little Butterflies' Nurse, or designated nursery staff who have received the relevant technical/medical training, administering any medicine provided by me, to my child.

Name

Signature

Date

P.S. Please make sure you keep us updated on any changes to the above record.



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Miscellaneous Waivers

Activities & Equipment

- I would like my child to participate in all activities and use all the equipment available at Little Butterflies Nursery.
- I would **not** like my child to participate in all activities and use all the equipment available at Little Butterflies Nursery.

Photos

- I give Little Butterflies Nursery permission to use my child's photos and/ artwork for the following:
- | | |
|---|---|
| <input type="checkbox"/> Advertising material | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Website | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Around the Nursery |
- I **do not** give Little Butterflies Nursery permission to use my child's photos and/ artwork

Parents' Handbook

- I verify that I have read, understood and agree to all policies and procedures detailed in Little Butterflies Parents Handbook, and I will abide by all its instructions.

Name

Signature

Date