



Little Gems Pre-School



info@little-gems-preschool.com



(+973) 17694356



(+973) 17691832

Registration form

Name of child:

Date of birth: (DD/MM/YY)/...../..... Male / Female (please circle)

Nationality C.P.R. number

Any medical conditions/allergies
.....

Sibling(s) at Little Gems (now or previously)

Father's name

Father's mobile

Father's company..... Telephone number

Mother's name

Mother's mobile

Mother's company Telephone number

Home telephone number.....Area and Block number

Email address.....

Emergency contact numbers.....

Requested days (only applicable to Pre-Nursery children; please tick)

Sunday Monday Tuesday Wednesday Thursday

Please note: requested days cannot be guaranteed

Requested start date

Please provide: 1 passport photo copy of vaccination certificates

Registration fees BD 50.000 (cash or cheque only). Paid on

(Please note registration fee is non refundable)

For office use:



Declaration of special needs/medical conditions/allergies

It is in a child's best interests that the school is fully informed of any special needs or medical conditions before an offer of a place can be made.

Parents must advise the school if their child has any special needs
at the time of registration.

Whilst we appreciate that learning difficulties may only come to light once a child has started school, the school reserves the right to withdraw its offer of a place if it is felt that any information regarding special needs has been withheld.

A copy of the school policies regarding the admission of special needs children can be requested from the office.

Please sign below to acknowledge that you have read and understood the above.

.....

I hereby sign to acknowledge that I have read the Declaration of special needs/medical condition/allergies form and I have disclosed any information relating to my child.

Signed

Name of child