Lily's Early Childhood Center

Enrolment Form

When you open the application:.....

Please complete this form.

Picture of child

Picture of Mom

Picture of Father

My Family Details

My Full Name (as in passport)

.....

My Nickname (if any)

.....

My Date of Birth

.....

My Place of Birth

.....

My Passport Number

.....

My Passport place and date of issue

.....

My Mom Maiden Name

.....

My Dad Name

.....

My Nationality

.....

My Gender

.....

My Address:

Area.....Street .....Bldg.....Floor .....Emirate.....

My Nearest Landmark:

.....

My First Language:

.....

My Other Languages:

.....

I have attended other nurseries. If yes, nursery's name:.....

My Contact Details

My Home Number:

.....

My Mom Mobile Number:

.....

My Dad Mobile Number:

.....

My Dad /Mom Office Number:

.....

Place of Work:

.....

Email Address:

.....

Emergency Number:

.....

Alternative Number and Relationship to Me:

.....

Guardian Name and Number:

.....

My Doctor Contact Details

Name:

.....

Clinic:

.....

Hospital:

.....

Number:

.....

Address:

.....

Emirate:

.....

My Medical History

Known Allergies (None completion is taken as indicating no known allergies.)

.....

I am allergic to:

.....

Reactions include:

.....

Treatment:

.....

Immunization Record

Please attach a photocopy of the immunization record. If you do not have this information please complete the following:

	Dose 1 mm/yyyy	Dose 2 mm/yyyy	Dose 3 mm/yyyy	Dose 4 mm/yyyy	Dose 4 mm/yyyy
Polio (OPV)					
DPT					
MMT					
Hib					
Hepatitis B					

Other immunizations

Please indicate details of any other immunizations given.

Immunization	Date given	Immunization	Date given	Immunization	Date given
BCG/TB		Typhoid		Tetanus	
Rubella		Yellow Fever			

Please indicate with a tick if your child has experienced any of the following and in the following space add any information that you feel is relevant.

	Chicken pox		Eczema/skin problems		Visual problems
	Measles		Asthma		Ear/hearing problems
	Rubella		Diabetes		Kidney problems
	Whooping cough		Convulsions/epilepsy		Orthopaedic problems
	Tuberculosis		Hospitalization		Speech difficulties
	Malaria		Mumps		Bronchitis
	Scarlet Fever		Epilepsy		Speech difficulties
	Hand, Foot, & Mouth Disease		Heart Trouble		Covid-19

Other:.....

Do you need to supply the nursery with Medication for your child? If yes, please give details of the medication and the reasons for this.

.....

Please list any serious accidents, operations, or injuries the child had.

.....

Pick Up and Drop Off Details

Name and Number of person who will drop Me:

.....

Relationship to Me:

.....

Name and Number of person who will collect Me (if different):

.....

Relationship to Me:

.....

Timing Preferences

Term Preference: Fall Winter Spring Year:

Winter Camp Spring Camp Summer Camp

Days Preference 5 Days 3 Days 2 Days

Timing Preference 8:00- 1:00 8:00-5:00 Other

My Parent's Consent

We require your permission in the following.

Permission to administer non-prescriptive medicines such as Ibuprofen Paracetamol, anti-histamines, throat lozenges, insect bite cream	YES	NO
Permission to receive first aid if the child has any accidental incident and if deemed necessary to be taken to the nearest health care facility to receive medical emergency treatment of First Aid	YES	NO
In the event of an emergency, if the parents/guardians cannot be reached to take children to a hospital, the school will take him/her to a hospital of the school's choice if deemed necessary and I agree to pay for any/all costs incurred and take full responsibility for treatment required.	YES	NO
The annual medical examination by the designated Doctor/Nurse	YES	NO
Sharing Information with the Health Visitor	YES	NO
If my child is sick, he / she should not attend nursery until fully recovered from illness or clear from infection with a report from the hospital/clinic. If my child falls sick in the Nursery, when called to collect him / her, I will attempt to be at the nursery promptly.	Signature	

Photographic Consent

Photographic evidence to be shared amongst parents of our nursery	YES	NO
Photographic evidence to be used for development files	YES	NO
Media photos (website, leaflets, local press, social media,..)	YES	NO
Newsletter (which will be displayed on the website)	YES	NO

Required Documents

Please submit the following documents with your application.

A copy of the child's passport photo page and Visa4
Residence Card
Copy of Mother's Passport and Visa
Copy of Father's Passport and Visa
Copy of Birth Certificate
Copy of Immunization Record
Medical Report

Date:	Signature (Father or Guardian):
Date:	Signature (Father or Guardian):