



## **Registration Form**

Child's Details						
First Name	First Name Middle		le Name		Last Name	
Date of Birth (DD/MM/YY)	Nationali	ty	Gend	er	Religion	
			Male / Female			
Child's First Languag	e	Brothers a	nd Sist	ers if any	: Name & Date of birth	
<u> </u>						
Home Address:						
Home Telephone:						
Any special Learning needs:						
Doctor's name & telephone no:						
Parents Details						
Father's name: Mother's name:						
Nationality:	Nationality:					
Profession/Occupation:	Profession/Occupation:					
Company name:	Company name:					
Mobile Number:	Mobile Number:					
Work Telephone:	Work Telephone:					
Email Address:	Email Address:					
Email Address:  Emergency Contacts						
In the event of an emergency, please nominate someone who will act on your behalf, in case the nursery is						
unable to reach either parent.						
Name:		Name:				
Mobile number:		Mobile numb	-			
Relationship:		Relationship:	Keiationship: E-mail:			
Preferred joining term (Child aged 3 or older has to attend 5 days a week)						
Term 1-starting		m 2-starting		Term 3- starting		
September 2018	January 2018				April 2018	
, Diagona	alost professed days of programs attendance					
Please select preferred days of nursery attendance						
(The days selected cannot be changed or altered without prior approval)						
Sunday ( ) Monday ( ) Tuesday ( ) Wednesday ( ) Thursday ( )						
Please select hours of attendance						
7:00 am -8:00am ( ) 8:00 am - 12:30 pm ( ) 8:00 am - 2:00 pm ( ) 8:00 am - 5:00 pm ( )						
Bus required - 1 way ( ) or 2 way ( )						
8:00 am - 12:30 pm ( ) 8:00 am - 2:00 pm ( ) 8:00 am - 5:00 pm (					0 am - 5:00 pm ( )	
Pick up authorization						
(In addition to parents, please name other persons authorized to collect your child from the nursery and						
please provide an ID copy along with the documents)						
We hereby authoriz	ze the below na	med to pick u	our ch	ild from t	he nursery:	
1. Name: 2. Name:						
Relationship:	Rela	tionship:				
Contact Number:	Cont	act Number:				

## **Terms & Conditions:**

- Registration fee and medical fee are non-refundable, non-transferable and payable at the time of enrolment.
- > Tuition term fee is payable in advance at the start of each term on dates specified by the nursery.
- > No refunds, adjustments or reductions will be made in case of absence, illness or vacation.
- Educational and field trips that may be organized from time to time, which may incur additional costs which will be intimated on a case by case basis. Fees payable for such trips will be payable separately to all other fees.
- > We offer transport services from and to the Nursery. Parents will be invoiced in advance for these services, and the fee once paid will be non-refundable.
- > Payments for the tuition term fee can be done by cash, card, cheque and bank transfer.
- ➤ Banana Moon Nursery will charge an administration fee of AED 200 for any cheque that is returned.
- Late classes and holiday camps may be offered at an additional cost.
- You are required to give written prior notice of 2 months in case you wish to withdraw your child from the nursery.
- Late pick up and early drop off will be charged at 100 aed for 10 minutes to 1 hour.
- ➤ The academic calendar is available on the website and the dates for commencement of each term, holidays and term ends are available for your information.
- ➤ Parents agree to inform Banana Moon Nursery of any changes in their contact details, ensuring that they can be reached at any time via email, SMS and/or telephone.
- > Should you wish to make changes with the number of days of attendance or the timings, it can be done at the beginning of the term ONLY.

## Please submit the documents below together with the Registration and appropriate term fee:

- Passport copy of the child with valid UAE residence visa page or copy of Emirates ID
- Both parents passport copy with valid UAE visa page or copy of Emirates ID
- 4 Passport size photos of the child
- Copy of child's birth certificate
- Copy of the Vaccination/Immunization record (In English)
- For U.A.E citizens; parents and child's national identity card copy.
- Complete Medical form

**Parent Name:** 

Sign:

## **Declaration** (Please tick $\sqrt{ }$ if yes- and x for no) I agree to my Child's photograph/video being used in any nursery brochures, advertising, social media-face book, or twitter page or publications for the Banana Moon Nursery and remain the property of the nursery. I give consent. I do not give consent. ☐Banana Moon Nursery is covered by a Public Liability Insurance Policy; I accept and agree that, In case of any accident or injury, the nursery staff have full authority to take necessary action if I cannot be reached at the emergency numbers provided, in which case I wave all claims against the nursery, its owners and employees. I agree to inform the Nursery Manager of any changes to our contact details, ensuring that I can be reached at any time via email, SMS and telephone. ☐ The nursery will endeavor to ensure the safety and security of your child, should your child have. an accident while in Nursery and it is felt that urgent medical treatment is required; we would require your permission to take your child to the nearest hospital. The undersigned certifies that each part of the application and information inserted herein has been carefully read and understood and is true and correct. I undertake to abide by the terms and conditions set out.

Date: