



# Registration Form

Name:

Date:

## Shakhbout City

Tel : 02-5862242

Mob : +971 55 9975943

## Al Bahya (Emirates Park Zoo)

Tel : 02-5641220

Mob : +971 52 6049324

## Al Shamkha

Tel : 02-5667759

Mob : +971 52 604329

## Main Office

Tel : 02-6428828

Mob : +971 52 6443977



info@barneyhome-nursery.ae



www.barneyhome-nursery.ae

P.o Box:128218

# Registration Form



## Nursery Advisory

Please ensure this form is completed in full. When completing the childcare registration form, you are providing us with important information, therefore please ensure that this information is accurate and correct. If you have any difficulty completing the registration form please contact the Nursery Manager who will be happy to assist you.

## Which Branch of the Nursery do you wish to enroll your child?

 Shakhbout City Branch

 Al Bahia Branch  
Emirates Park Zoo

 Shamkha Branch

## How did You hear about us ?

Word of Mouth

Driver Past

Direct Mail

Media Articles

Google

Social Media

Other: [\(Please indicate\)](#)

## Do you allow your child to participate in the following activities?

Child appropriate cooking classes

Yes  No

Face painting

Yes  No

School Swimming & Waterplay (please note no child is allowed to swim without an appropriate swimming aid)

Yes  No

Nursery Events / Celebrations

Yes  No

Birthday Parties

Yes  No

## Photographs

During our nursery day we take photographs/movies for a variety of different purposes, mainly to share your child's experiences with you, the parents. Please indicate which of the following you give your consent

Nursery Display Boards

Yes  No

Nursery's Website

Yes  No

Nursery's Promotional Literature – Brochure, Press Releases and Advertising

Yes  No

Your Child's assessment books, scrapbooks, report, observations and similar

Yes  No

## Child's Personal Information

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Family Name \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother Tongue: \_\_\_\_\_ Other Languages at Home: \_\_\_\_\_

Previous Application to Nursery: Yes  No

Date of Previous Application: \_\_\_\_\_

Gender: Boy  Girl

Does your Child Have Fear on Something: Yes  No

If Yes Please Explain: \_\_\_\_\_

Does your child use Nappies: Yes  No

Describe your child personality: \_\_\_\_\_

Fees Paid By: Personal  Company

Priority Contact Person:  Father  Mother  Other \_\_\_\_\_

**Sibling at Barney Home** Yes  No

1- Name: \_\_\_\_\_ Class: \_\_\_\_\_ Status: Applied  Registered

2- Name: \_\_\_\_\_ Class: \_\_\_\_\_ Status: Applied  Registered

3- Name: \_\_\_\_\_ Class: \_\_\_\_\_ Status: Applied  Registered

Other Sibling/s at Barney: Boy/s  Age/s  Girl/s  Age/s

## Parents Information

### Father's Information

### Mother's Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Nationality: \_\_\_\_\_

UAE Home Tel No: \_\_\_\_\_

UAE Active Mob No: \_\_\_\_\_

UAE Office No: \_\_\_\_\_

Local P.O.Box (Emirates): \_\_\_\_\_

Email Address: \_\_\_\_\_

Profession: \_\_\_\_\_

**Authorized persons** to pickup your child after nursery classes (in case of parents are not available)

Name: \_\_\_\_\_

Relation to the child: \_\_\_\_\_

Profession: \_\_\_\_\_

Contact No:

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to the child: \_\_\_\_\_

Profession: \_\_\_\_\_

Contact No:

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to the child: \_\_\_\_\_

Profession: \_\_\_\_\_

Contact No:

Address: \_\_\_\_\_

**Emergency Contact**

Name (Father/Mother): \_\_\_\_\_

Mobile No: \_\_\_\_\_ UAE Work Tel No: \_\_\_\_\_

**Person to Contact** (in case of parents are not available)

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

# Medical Consent Form

## Dear Parent,

Please fill-out on the form of Medical Details for the child and of accuracy for the management to be fully aware for the child's condition. This will also treated with confidentiality between parents and management.

**Blood Type:** \_\_\_\_\_

## Please clarify whether the child has been through with the following cases

Allergies (Give Details): \_\_\_\_\_

Previous Illness (which could affect his/her activities): \_\_\_\_\_

Is it possible that your child may require special educational need support? Yes  No

If Yes, Please Give Details: \_\_\_\_\_

Does your Child Encountered Difficulties at his/her Previous Nursery? Yes  No

If Yes, Please Give Details: \_\_\_\_\_

Has your child has any developmental problems and / or medical condition? Yes  No

If Yes, Please Give Details: \_\_\_\_\_

Are there any Genetic Diseases in the family? Yes  No

If Yes, Please Give Details: \_\_\_\_\_

Does your child complain heart disease? Yes  No

Does your child have vision impairments? Yes  No

Does your child have hearing difficulties? Yes  No

Does your child have Speaking difficulty? Yes  No

Does your child have Respiratory difficulty? Yes  No

Does your child is taking Medicines on continues basis? Yes  No

Other Health Problems (Please mention): \_\_\_\_\_

## Parents Medical Consent

BHN has a full time Nursery Nurse who carries out physical examination of the children, whenever they are unwell or in case of any health problems. ( Please check below )

I/We consent to our child having a nursery physical examination Yes  No

I/We do not consent to our child having a nursery physical examination Yes  No

In case of an absolute Emergency, I don't mind giving my child some medicines that doesn't contain aspirin. Yes  No

Anti Pyretic Drugs (Paracetamol – Panadol – Tylenol) Yes  No

Cough Medicines Yes  No

Band Aid for Injuries or Insect Bites Yes  No

Remaining Vaccinations (Please Give Details): \_\_\_\_\_

\_\_\_\_\_

If you do not wish your child to undergo physical examination, kindly provide the Nursery a copy of the Child's Medical Report issued by a private Doctor for their record in the Nursery.

## Additional Information

Summarize your child food restrictions / special diet / fears / etc : \_\_\_\_\_

Are there any family circumstances that you feel we should be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Family Doctor Information

Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Moblie No: \_\_\_\_\_ Office No: \_\_\_\_\_

## Payment Policies

### Registration Fees

A Registration Fee is required to secure the child's place in Barney Home Nursery. It is a one-time payment for the duration of your child's stay for One academic year In Barney Home Nursery and Registration Fee is a Non-refundable payment. Its includes a reserved seat for your child, Stationary, nursery uniform (1pair), and clinic.

### Tuition Fees

Tuition Fees are to be paid whether per term, or full academic year, and the vacation days are not discounted or refundable.

- ★ All fees should be paid in full before the beginning of the term and all required documentation and forms should be complete prior to the first day of Nursery.
- ★ All year-round, Barney Home Nursery will run optional programs such as field trips, show trips, and holiday camps these require additional payment .
- ★ Transportation Fees, Extra uniform, and request for other documents or Certificates, should be paid separately.
- ★ Barney Home Nursery doesn't require deposit therefore on departure of the nursery no outstanding balance is owed.
- ★ If the child joins in mid of the Term , the fees will be calculated from the joining day till the end of the term
- ★ The School reserves the right to add, modify and/or amend the fees structure and/or above-mentioned terms from time to time at its absolute discretion with approval from the Ministry of Social Affairs.
- ★ Where parents have more than one child at the Nursery, a 10% reduction in fees is allowed for the second and subsequent children. This is applicable only on the booking pattern and does not include extra sessions or additional hours.

### Withdrawal Policies

- ★ In case of withdrawal from the nursery you are not entitled to claim registration fees 1500.00 AED if the child has attended or not attended the nursery,
- ★ When a child has attended one week, or less, parents will incur 750 Dhs .
- ★ When a child has attended one week, but less than 15 Days , parents will incur 1500 Dhs.
- ★ When a child has attended 15 Days , but less than one month , parents will incur 3000 Dhs
- ★ When a child has attended one month, parents will incur a full term fees.
- ★ The money will be refunded by cheque issued on the name of the Guardian. From the accounting department.

The following are the documents needed prior to the completing of the registration process

Registration Form	<input type="checkbox"/>
Medical Consent Form	<input type="checkbox"/>
Copy of Birth Certificate (child)	<input type="checkbox"/>
Copy of Health Insurance (child)	<input type="checkbox"/>
Copy of Child's Passport	<input type="checkbox"/>
Copy of Child's Valid Visa	<input type="checkbox"/>
Copy of Father's Passport with Valid Visa	<input type="checkbox"/>
Copy of Mother's Passport with Valid Visa	<input type="checkbox"/>
Passport Size Photos attached in the Form	<input type="checkbox"/>
Child's Accurate and Complete Profile	<input type="checkbox"/>
Photos of Authorized Person when Parents are not available	<input type="checkbox"/>
Registration Fee	<input type="checkbox"/>
First Term Fee	<input type="checkbox"/>
Second Term Fee	<input type="checkbox"/>
Third Term Fee	<input type="checkbox"/>
Winter Camp Fee	<input type="checkbox"/>
Spring Camp Fee	<input type="checkbox"/>
Summer Camp Fee	<input type="checkbox"/>



## Registration Confirmation

I, Mr. / Mrs. \_\_\_\_\_

Parent of the child \_\_\_\_\_

understood and agree to abide the terms and conditions which comprises the BHN admission policies, applicable systems, and rules and regulations. I hereby declare that all information provided in this application is true and correct. I understand and agree that Barney Home Nursery reserves the right to suspend attendance to BHN and withhold our child's report and release any documents we may request until we settle all outstanding balances, return all borrowed BHN resources and pay any damages belongs to BHN property. I approve and agree with all mentioned agreements with Barney Home Nursery and shall assume the responsibility in case of breaching these policies, conditions, and systems.

Father Name: \_\_\_\_\_

Mother Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_