



كيدز فست  
kids first

# Registration Form

Passport sized  
photograph  
of child

Date of Enrolment: / /

Waiting List: \_\_\_\_\_

Child's Details			
Child's Name:	<input type="text"/>	Family Name:	<input type="text"/>
Child's D.O.B:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Sex: Male / Female	<input type="text"/>
Child's Nationality:	<input type="text"/>	Religion:	<input type="text"/>
Mother tongue:	<input type="text"/>	2nd language:	<input type="text"/>
Siblings: Name/s:	<input type="text"/>	D.O.B:	<input type="text"/> / <input type="text"/> / <input type="text"/>
School attending:	<input type="text"/>		

Family Details		
	Mother	Father
Full Name:	<input type="text"/>	<input type="text"/>
Mobile Number:	<input type="text"/>	<input type="text"/>
Work Number:	<input type="text"/>	<input type="text"/>
Residence Number:	<input type="text"/>	<input type="text"/>
Email Address:	<input type="text"/>	<input type="text"/>
Place of Work:	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>

Emergency Contact	
Name:	<input type="text"/>
Relation:	<input type="text"/>
Number:	<input type="text"/>



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# Timing Requirements

Please select your chosen days and timings from the options below. When available, you can also add additional days, or change timings, subject to availability. Such changes can only be changed by via the Administrator. Kindly confirm with the Administrator that all the timings listed below are available for your chosen Kids First Group Nursery.

Type of Days Attending Nursery (please tick):									
Sunday	<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>

Session timings:	Quantity of days
8am – 12:30pm	
8am – 1:00pm	
7am* – 2:00pm*	
8am – 3:00pm	
7am*/8am – 4:00pm	
7am*/8am – 5:00pm	
8am – 6:00pm	

\*For Lady Bird Nursery (Abu Dhabi) - ONLY

Our timings are flexible to serve the needs of working parents, but do vary from nursery to nursery. Please ensure to obtain a copy of the most recent annual calendar, so that you are aware of the term times, and holiday dates to avoid any confusion. Early drop off facility is charged additionally and starts at 07:30am



## **Individual Profile & Care Plan**

**Name of Child:**

**Name to be known as:**

**Date of Birth:**

**Sex:**

**Age on starting setting (yrs/mnths):**

**Position in family:**

**Has your child previously or is currently attending other settings:**

- Parent & toddlers
- Playgroup
- Private nursery
- Nanny

**Please name setting(s), number of hours/sessions attending:**

**What is your child's first language?**

**Additional languages spoken at home:**

**Festivals celebrated (optional):**

**Additional requirements about religious observance, food, clothing:**

**Dietary requirements:**

**1. What milk does your child take: breast/ formula/cow's (please circle)**

**2. Is there a limit to the quantity of cow's milk given whilst at the setting?**

**Please detail:**

**- preparation**

**- quantity**

**- frequency**

**3. Which weaning foods do you normally use:**

**-volume**

**-frequency**

**4. If your child is weaned, please describe the types of food given (snacks, main course & puddings)**

**5. Does your child have any special dietary requirements, food allergies, intolerances:**

**6. At what time does your child sleep**

**-duration**

**7. Does your child have any special comforters?**

## **Personal Development & Independence**

**1. Is your child able to use the toilet**

- unaided**
- requires assistance**
- requires reminding**
- in pull-ups**
- in nappies**
- able to wash own hands**

**2. Is your child able to drink from an open cup?**

**3. Is your child able to use a spoon, knife & fork?**

## **Emotional Development**

**1. Does your child relate well to other children?**

**2. Does your child relate well to familiar adults?**

**3. Is your child able to share & take turns?**

## **Enjoyment & curiosity**

**1. How would you best describe your child?**

**2. What are your child's favourite toys?**

**3. What activities does your child most enjoy doing?**

**4. Is there anything that may cause undue distress to your child?**

**5. Is there additional information regarding your child/individual care plan which you would like to share with the setting?**

**Section to be completed by Redwood Montessori Nursery School**

**Key Worker assigned:**

**Child's start date:**

**Sessions attending**



Redwood

MONTESSORI NURSERY

# VISUAL MEDIA CONSENT FORM

Please write in **BLOCK CAPITALS**

I, \_\_\_\_\_

Undersigned Parent/legal Guardian of: \_\_\_\_\_

## **Give consent to:**

➤ Photographs to be taken of my child for use within:

- Redwood Montessori Nursery
- Redwood Montessori Nursery Website
- Redwood Montessori Nursery Facebook page

## **Do not give consent to:**

➤ Photographs to be taken of my child for use within:

- Redwood Montessori Nursery.
- Redwood Montessori Nursery Website
- Redwood Montessori Nursery Facebook page

Parents/Legal Guardian Signature: \_\_\_\_\_

Date:



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# Registration Process

The following documents are needed to complete the registration process:

Registration Form	<input type="checkbox"/>
Clinic Information Pack	<input type="checkbox"/>
Copy of Birth Certificate	<input type="checkbox"/>
Copy of Immunization record	<input type="checkbox"/>
Copy of Medical Insurance card	<input type="checkbox"/>
Copy of Child's Passport with 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 sized photographs attached to the appropriate forms	<input type="checkbox"/>
Child's profile	<input type="checkbox"/>
Timing / Attendance Information Form	<input type="checkbox"/>
Registration Fee	<input type="checkbox"/>
Medical Fee	<input type="checkbox"/>
Term Fee	<input type="checkbox"/>

For office use only:

Notes

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### Clinic Information Pack

I hereby certify that I have downloaded and completed the Clinic Information Pack (available on the website) and that the information provided is true and accurate to the best of my knowledge.

Name of Parent/Guardian.....(please print).

Signed..... Date.....

Kindly print and submit the completed Clinic Information Pack with the Registration Forms

**ALL CHILD HEALTH/MEDICAL & ALLERGY FORMS SEEN AND REVIEWED BY THE NURSE PRIOR TO CHILD STARTING AT REDWOOD MONTESSORI NURSERY.**

Name of Nurse \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_



Redwood

MONTESSORI NURSERY

I hereby certify that I have read and I understand the following policies  
(Available on the nursery's website [www.theredwoodnursery.com](http://www.theredwoodnursery.com) ) :

1- The Medical Policies.

- Policy for Administration of Medication
- Policy on Accidents and Emergencies
- Infection control policy
- Exclusion period for Common childhood illnesses
- Dietary policy
- Sun Care Policy
- Confidentiality Policy
- Policy on Immunisations

2- The Settling In Policy.

3- The Fee information Policies.

Name of Parent/Guardian .....(Please Print).

Signed ..... Date .....