Creative Nest

Registration Form

Child's Information

Child's Photo

Gender: ☐ M ☐ F

First Name:

Middle Name:

Last Name:

Date of Birth (dd/mm/yyyy): / /

Child's UAE ID #:

Nationality:

Child's First Language:

Place of Birth (city, country):

Religion:

Order of child in family:

Previous Nursery attended:

Address

Emirate of residence:

Area:

Street:

Villa/house/Apartment Number:

Start Date:

How did you hear about us? ☐ Web ☐ Word of Mouth ☐ Social Media

Others:

Enrollment Preference

Child's Age Level:

☐ Turning 1: 45 days – 1 year ☐ Turning 2: 1 – 2 years ☐ Turning 3: 2 -3 years

☐ FS1: 3 -4 years ☐ FS2: 4 -5 years ☐ Year 1: 5 – 6 years

Days:

☐ Five days (compulsory for children over 3 years) ☐ Three days ☐ Two days

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Option chosen:

☐ Morning Session 8:00 am – 12:30 pm ☐ ECC Day 8:00 am – 2 :00 pm

☐ Extended Care: 8:00 am - _____ pm ☐ Early Bird 7:00 am – 8 :00 am

Family Details

Father's Name:		Mother's Name:	
Nationality:		Nationality:	
Religion:		Religion:	
☐ Employed	Occupation:	☐ Employed	Occupation:
Employer:		Employer:	
☐ Self-employed	☐ Not working	☐ Self-employed	☐ Not working
Mobile Number:		Mobile Number:	
Home Number:		Home Number:	
Email Address:		Email Address:	

Siblings: Current School Record

Name	Age	School Name

Are there any family circumstances of which you feel we should be aware of?
(Divorced parents/deceased parents or siblings/adopted child/other)? If yes, please provide brief details below:

Pick Up Permissions

Other than parents, please indicate people authorized to collect your child from the ECC:
Please submit photographs of the people authorized to pick up your child.

1st Person Photo

1st Person:

Mobile Number:

Relationship to Child:

2nd Person:

Mobile Number:

Relationship to Child:

2nd Person Photo

Emergency Contact Details

In the event of an emergency, please nominate someone who will act on your behalf in case the ECC is unable to reach either parent:

Name:

Relationship:

Nationality:

Occupation:

Company Name:

Mobile Number:

Work Number:

Home number:

Email Address:

ECC Permissions

☐ Yes ☐ No - I give the ECC permission to use my child's photograph/video clips for marketing purposes such as Instagram, Facebook, website, flyers, brochures, or any applications. I realize that my child's first or last name will not be used in such publications.

Terms and Conditions

Our efforts are always toward having clear and relevant information available to our parents; we kindly request you to read the following terms and conditions for clear understanding. Kindly contact us in case of further queries.

Registration Requirements

- Parent(s) or caregivers should visit the ECC with the child for an informal meeting and assessment.
- Parents will collect all required forms and submit the Registration Form along with the Admin Fees.
- For waiting listed children, the Registration Form should be submitted, and Administration Fees must be paid in full.
- All fees (including the full first term fees, and postdated cheques for the remaining academic year's term fees and deposit), must be submitted prior to the new admission's start date. Failure to submit all documents with fees may result in a delay of the child's start date or attendance at the ECC.
- A charge of AED 150 will incur for any dishonored cheques.
- If a parent wishes to re-register their child for the next academic year starting in September, a Re-registration Form must be submitted before the designated deadline on the re-registration form.
- If fees are to be paid by a company or employer, then parents will be provided with an Employer Invoice Payment Form from which the employer will provide payment, according to the terms & conditions outlined on the form. Children will not be able to attend the ECC until all fees, forms, and documents have been submitted
- The management reserves the right to terminate or amend an admission decision if any false, inaccurate, or incomplete information has been submitted, if the required payments/fees have not been paid by required date, or if any serious breaches of the ECC policies occur.
- Children registered for 2 or 3 days a week are requested to attend only on agreed days and in the event of missed days, such as sickness/absence, or if a public holiday falls on the selected days chosen, these days are not interchangeable. If the parent wishes their child to attend an additional day, the parent must inform the administration 24 hour in advance and a daily fee is applicable if there is capacity in the class.

Fee Payment Terms and Conditions

- Fees once paid are non-refundable and non-transferable.
- No refunds, reductions, or offsets will be made in the case of absence, illness, vacations, or any other event.
- If a child joins during the term, the full amount of registration fee, medical fee, deposit, and toolkit fee must be paid. Tuition fees will be calculated on a pro-rata basis. However, a full month's fee will still apply regardless of the start date (whether at the beginning or middle of the month).
- Late payment of fees incurs an additional charge of **10%** of the outstanding balance. Late payment of fees may also result in the loss of a child's place in the ECC.
- Enrichment fees should be paid separate to normal ECC fees and should be paid in full at least one week before the first day of enrichment.
- A Late Pick-up Fee of AED **50** will be charged for every **30** minutes past the designated pick-up time. This will be paid upfront before collecting the child from the late room.
- The annual medical fee of AED 1500 and annual tool kit fee of AED 300 are to be paid in advance and are non-refundable.

Withdrawal Policy

- **Withdrawal prior attendance:** If a child withdraws before attending the ECC, but after the payment was made, a full refund of the tuition fees will be made provided a written notice is received at least 4 weeks before the starting date. If the notice was not received before 4 weeks, the deposit will not be refunded and a payment of 10% of total tuition fees will be charged. Registration fee is non-refundable.
- **Withdrawal after attendance:** If a withdrawal form is received three months prior to the child's last day of attendance, the deposit will be refunded. Termly tuition fees will be calculated on a pro-rata basis:
    - If the withdrawal is 2 weeks or less from the child's registration/start date, a month's fees will be deducted.
    - If the withdraw is more than 2 weeks, up to 1 month, from the child's registration/start date, two month's fees will be deducted.
    - If the withdrawal is more than one month from the child's registration/start date, the fees for the full term will be deducted.
    - If the withdrawal form is not received with three months' notice, payment of 10% of the total tuition fees will be payable.
- If the child is withdrawing from the ECC before the end of a term, the remaining term fees cannot be refunded.
- If the child is not returning for next term the deposit will be refunded if a withdrawal form is received 1 month before the end of the previous term.
- If a discount was granted and the child is withdrawn, the tuition fees for the attendance period for the child will be calculated on the full fees without discount.
- Withdrawal Form is void once payment for the next term is done.

Name of Parent/ Guardian: _____

Date: _____ Signature: _____

Creative Nest

Registration Form - Medical

Medical Record

Child's Name: _____

Gender: ☐ M ☐ F

Date of Birth (dd/mm/yyyy): ____ / ____ / ____

Family Doctor Name: _____

Telephone number: _____

Is your child taking medication now or periodically? ☐ Yes ☐ No

IF YES, please provide details:

Does your child have a history of allergic reaction to any substance (food, medicine, animals)? ☐ Yes ☐ No

IF YES, please provide details: _____

Please tick and provide dates if your child has had any of the following illnesses or conditions:

Condition	Yes	Date	Condition	Yes	Date
Chicken Pox	☐		Tuberculosis	☐	
Diabetes	☐		Heart Trouble	☐	
Whooping Cough	☐		Asthma	☐	
Epilepsy	☐		Chronic Illness	☐	
German Measles (Rubella)	☐		Thalassemia	☐	
Mumps	☐		Skin Disorder (please specify below)	☐	
Rheumatic Fever	☐		Hearing Difficulty	☐	
Scarlet Fever	☐		Vision Difficulty	☐	
Pneumonia	☐		G6PD	☐	
Serious Injuries (please specify below)	☐		Surgery (please specify below)	☐	

Additional Details: _____

Developmental Needs

Creative Nest Early Childhood Centre upholds its mission of making every day of a child's life a special one. It is the ECC'S responsibility to ensure positive attitudes towards diversity and inclusion, however in order to make informed contributions to a child's learning journey we require the parents fully support and disclosure of learning needs and challenges if any:

Has your child ever been evaluated for learning difficulties?	☐ Yes	☐ No
Has your child ever been evaluated for speech delay?	☐ Yes	☐ No
Do you have concerns over your child's speech?	☐ Yes	☐ No
Do you have concerns over your child's understanding of language?	☐ Yes	☐ No
Do you have concerns over your child's social behavior?	☐ Yes	☐ No

If your child is found to require additional support to attain their developmental milestones and ensure they are safe and that he/she is supported holistically, I agree to provide a support shadow/nanny upon request to meet their developmental needs. ☐ Yes ☐ No

Authorization for General Medical Treatment

I hereby authorize the ECC to examine my child and provide medical care to my child in case of minor accident, injury or illness, including but not limited to bruises, bumps, cuts, grazes, stings, bites, fever, pain, etc. I further authorize the ECC to administer the following medication/products in accordance with the manufactures written instructions, should such medication/products be required:

Medication/ Product	Yes	No	Comments
Paracetamol	☐	☐	
Antihistamine Syrup	☐	☐	
Antiseptic Cream	☐	☐	
Insect Bite Cream	☐	☐	
Normal Saline	☐	☐	

You will be contacted prior to administration of any of these medications.

I agree not to hold the ECC responsible for any allergic reaction or other adverse symptoms that may result, when such medication/products are used on the above terms.
I shall inform the ECC of any contagious illness or disease that my child is infected with or has into close contact with and that the ECC has the right to refuse admission to my child until there is medical clearance.

Emergency Medical Treatment

In the event that your child requires emergency treatment, you will be contacted and asked to collect your child from school.
In the event of a serious emergency, an ambulance will be called immediately. A member of staff will accompany your child to hospital. Efforts to contact you will continue.

** PLEASE ENSURE THE ECC HAS YOUR UP-TO-DATE CONTACT DETAILS **

Authorization for Emergency Medical Treatment

In case of accident, illness or emergency, I authorize the ECC nurse to provide emergency medical care to my child, including calling an ambulance and/or physician for emergency medical treatment. In the event that I, the other parent or the Emergency contacts listed in this form can't be reached to confirm a course of action, I take full responsibility for the emergency medical treatment required and I agree to pay for any and all costs incurred in such case. I further agree not to hold the ECC liable for any consequences arising from such emergency medical treatment.

Name of Parent/ Guardian: _____

Date: _____ Signature: _____

ECC Waiver

I understand that while Creative Nest Early Childhood Centre will take all reasonable precautions to ensure my child's safety and well-being, I hereby agree to keep Creative Nest Early Childhood Centre, and its owners, staff, and volunteers, fully indemnified against all actions, claims, liabilities, damages, expenses, costs, charges, and fees (including legal and medical expenses) that may arise as a consequence of any accidental injury or contraction of any illness or virus by my child. I agree to observe and abide by all policies and procedures of Creative Nest Early Childhood Centre and to comply with rules and regulations that are put in place.

I confirm that all the information I have given within this registration form to Creative Nest Early Childhood Centre is true and correct. I understand and accept that if the information I have provided is false or misleading; and /or fail to pay the ECC fees; and/or I fail to abide by Creative Nest Early Childhood Centre policies and/or I fail to complete the necessary paperwork, it is likely that my child will lose his/her place at the Creative Nest Early Childhood Centre, and I may forfeit any deposits made.
This form will remain valid for the entire duration that your child is attending Creative Nest Early Childhood Centre.

Name of Parent/Guardian: _____

Date: _____ Signature: _____

REGISTRATION CHECKLIST – FOR OFFICE USE ONLY

Document	Yes	No	Document	Yes	No
Completed and signed Registration form	☐	☐	Parents and Child's Emirates ID copies	☐	☐
Non-refundable Registration fee of AED 500	☐	☐	Child's passport copies and UAE visa	☐	☐
Annual Medical fee of AED 1500	☐	☐	Father's passport copies and UAE visa	☐	☐
Full first term fees	☐	☐	Mother's passport copies and UAE visa	☐	☐
Postdated cheques for remaining academic year's term fees	☐	☐	Child's birth certificate copy	☐	☐
Deposit of AED 1000	☐	☐	Immunization records	☐	☐
Toolkit Fee of AED 300	☐	☐	Family Book number	☐	☐
Uniform set Fees of 157.5	☐	☐	8 x child's passport sizes photos	☐	☐

FOR OFFICE USE ONLY

Amount Paid: _____ Receipt No: _____

Notes: