



ladybird nursery

• Since 1996 •

Ladybird Nursery

P.O. Box 215093 - Dubai - U.A.E., Tel.: 04 3441011
Email: info.jumeirah@ladybirdnursery.ae, Web : www.ladybirdnursery.ae

Following the EYFS curriculum in a Montessori environment

REGISTRATION REQUIREMENTS

TO REGISTER AND SECURE YOUR CHILD'S PLACE
AT LADYBIRD NURSERY, PLEASE PROVIDE THE FOLLOWING

- Completed registration form
- Child's passport copy with residence visa
- Parent's passport copy with residence visa
- Copy of UAE ID card
- Copy of child's birth certificate
- Two passport photographs (child)
One passport photograph (each parent)
- Completed medical form
- Dhs 500 registration fee (*one off payment*)
- Dhs 1000 non-refundable deposit to secure your child's place
(*This amount will be deducted from the last term's fees*)



FEE & PAYMENT POLICY

Fee Payments and Due Dates

- Guarantee: The guarantee is an annual non-refundable, non-transferable payment, required to secure a place. For continuing students, the guarantee will act as a rolling deposit. For new students, the advance is due within one week of the offer of a place. The advance is deductible against the 3rd Term's tuition fee.
- Each term's tuition fees are payable within the first week of that term. Ladybird Nursery accepts cash or cheque - payable to "Ladybird Nursery".
- Direct wire transfers to the Nursery's bank can be arranged by contacting our office.
- All fees (tuition and others) are non-transferable, and cannot be carried forward to a subsequent academic term or year.
- Transport Fee: Transport fees are charged per calendar month regardless of the total number of Nursery days in that month.

Late Entry

- If a child joins during the academic year, and a place has been reserved for the child from the beginning of the academic year then the full tuition fees for the terms unattended from the beginning of the academic year are payable.
- If a child joins at any time during the term, the full amount of the Registration, Medical and other fees are payable. However, the tuition fee may be calculated on a pro-rata rate for that term depending on when the child had joined.

Child Withdrawal

- If a child withdraws at any time, or does not join the Nursery, the fees for registration, medical, tuition are non-refundable.
- If notice for withdrawal of a student is initiated by the Nursery, the balance of the tuition fees paid will be refunded after deducting the registration, medical and guarantee paid (if any).
- A child can withdraw from the Nursery by providing one full terms notice in writing to the Nursery to secure a refund of the next terms advance/tuition fee (if paid), subject to the terms and conditions noted herein, failing which that terms advance/tuition fee in full shall be charged.

Supplementary

- The Nursery reserves the right to refuse re-admission unless all previous outstanding balances have been settled and if fees are not paid in the manner stated herein.
- The Nursery reserves the right to make any changes and exceptions to its Fee Policy at its discretion at any time.

Signature of Parent/Guardian : _____

Name of Parent/Guardian : _____

Date : _____



STUDENT REGISTRATION

CHILD'S DETAILS

Child's Full Name : _____

Gender : Male Female UAE ID No: _____

Date of Birth (dd/mm/yy) : _____ Religion : _____

Nationality (as per passport) : _____ Languages Spoken : _____

Full Street Address: (Villa number, street name or number and area)

Standard Nursery hours.	Sun	Mon	Tue	Wed	Thur
8am - 12.30pm					
8am - 2.00pm					
8am - 2.30pm					
8am - 3.00pm					
8am - 3.30pm					

FAMILY DETAILS

	FATHER	MOTHER
Full Name		
Nationality		
Home Telephone Number		
Mobile Number		
Email Address		
Profession/Occupation		
Business/Employer		

SIBLINGS

FULL NAME	DATE OF BIRTH	CURRENT SCHOOL

EMERGENCY CONTACT (other than Mother or Father)

Name : _____ Telephone Numbers : _____

Relationship to child : _____



ADDITIONAL INFORMATION

Does your child have any special physical, emotional, psychological or language needs? If yes please explain

Yes No

Has your child encountered any difficulties at his/hers previous nursery? If yes please explain

Yes No

Are there any family circumstances that you think we should be aware of?

Please list any special interests/talents your child or family has

How did you hear about us? Website Magazine (specify) Friends Word of mouth

We confirm that all information on the registration form is true and accurate, and we agree that in the event that the information provided is inaccurate or incorrect, the Nursery reserves the right to take appropriate action, including cancellation of admission. Any changes to the above information relating to our child or ourselves will be kept updated.

We agree to abide by all Ladybird Nursery policies in support of our child's wellbeing.

We understand that registration does not guarantee our child a place at Ladybird Nursery and that admissions are at the discretion of the Nursery.

Start Date at Nursery : _____

Signature of Parent/Guardian : _____

Name of Parent/Guardian : _____

Date : _____



STUDENT MEDICAL INFORMATION

Child's Full Name : _____

Date of Birth : _____

Name of Family Doctor/Clinic : _____

Clinic Address : _____

Clinic contact Number : _____

Please tick and provide the date if your child has had any of the following illnesses/conditions.

ILLNESS/CONDITIONS	<input checked="" type="checkbox"/>	DATE	ILLNESS/CONDITIONS	<input checked="" type="checkbox"/>	DATE
Asthma	<input type="checkbox"/>		Measles or Mumps	<input type="checkbox"/>	
Whooping cough	<input type="checkbox"/>		Infective Hepatitis	<input type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>		Tonsillitis	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>		Pneumonia	<input type="checkbox"/>	
Poliomyelitis	<input type="checkbox"/>		Epilepsy	<input type="checkbox"/>	
Congenital Heart disease	<input type="checkbox"/>		Dysentery	<input type="checkbox"/>	
Diphtheria	<input type="checkbox"/>		Chicken pox or Scarlet Fever	<input type="checkbox"/>	

Has your child ever been admitted to hospital? Yes No

If yes please state the reason :

Does your child suffer from allergies? (e.g. food, insect bites) Yes No

If yes please provide details :

Does your child have any special dietary needs? Yes No

Please specify:

Does your child require any special physical or learning support? Yes No

If yes please provide details :

Does your child take any regular medication? Yes No

If yes please provide details :

Do you give permission for the School Nurse to administer Yes No

Calpol in case of fever?



VACCINATION RECORD

Has your child received the following vaccinations

VACCINE	1st	2nd	3rd	BOOSTER
Diphtheria, Tetanus, Pertussis (Triple)				
Polio				

VACCINE	YES	NO	DATE
BCG/Tuberculosis			
Chicken Pox (Varicella)			
Hepatitis A			
Hepatitis B			
Hib			
Influenza			
Mumps/Measles/Rubella(MMR)			
Meningococcal			
Pneumococcal			
Rotavirus			
Rubella/German Measles			
Others			

EMERGENCY CONTACT INFORMATION

Father (Name)	:	
Mother (Name)	:	
Mobile Telephone	:	
Work Telephone	:	
Home Telephone	:	
<i>Person to contact in case of Emergency if Parents Not Available</i>		
Name	:	
Contact Numbers	:	
Relationship to Child	:	

In the event of an Emergency or Accident, I authorise Ladybird Nursery to take my child to the nearest Hospital/Clinic for emergency medical treatment.

Ladybird Nursery will make every attempt to contact me or my named Emergency Contact Person.

I/we understand that the Nursery needs to be notified of changes to the information provided above regarding our child or personal details and records.

Signature of Parent/Guardian

Name of Parent/Guardian

Date



MEDIA CONSENT FORM

I, the parent/guardian of.....understand that the Nursery may photograph my child in a positive light during his/her education at Ladybird Nursery.

I understand that these photographs may be used for the Nursery's website, newsletters, year books, Facebook and/or printed publications. Please note, at no stage will a child's name be printed or revealed on the public internet or Facebook.

YES I hereby give permission to take my child's photograph

NO I do not give permission to take my child's photograph

I shall inform the nursery in writing if I withdraw my consent otherwise this form is deemed valid for the entire duration of my child's stay at Ladybird Nursery.

Child's Name : _____

Parent/Guardian Name : _____

Date : _____

Sign : _____



INDEMNITY FORM

I,
(parent's full name) being the father/ mother/ guardian of

..... (child's full name) hereby agree to the terms and conditions below and undertake to abide by them while my child is in the care of Ladybird Nursery.

- 1 I hereby waive all claims I may have against Ladybird Nursery, its Owners, Headmistress, Nurse or Staff arising from injury, accident, illness or any other cause involving the above-mentioned child and hereby indemnify Ladybird Nursery against all such claims.
- 2 The Nursery holds no responsibility for the above-mentioned child prior to delivery of the child into the care of staff inside the Nursery premises or after the above-mentioned child is collected from the Nursery environment by a person authorised to do so.
- 3 Unless the injury is caused by or has resulted from a neglectful act or omission of any employee authorised to act for or on behalf of Ladybird Nursery.
- 4 To keep the Nursery, or any of its authorised members of staff, absolutely harmless, fully and effectively indemnified against all actions, claims, liabilities, damages, expenses, costs, charges, fees (including medical, judicial and attorney's fees), whatsoever, which are suffered by the Nursery as a consequence of any accidental injury or contraction of any virus/disease by the child.

I, the undersigned, parent/guardian of the child, hereby accept and agree that in case of an accident or injury occurring or to virus/disease being contracted by the child, the Owner, Headmistress, Nurse or Staff of the Nursery, shall have full authority to take the necessary decision to ensure appropriate emergency medical treatment of my child by the Nursery Nurse or if necessary at a government hospital/clinic, if I cannot be reached at the emergency numbers.

This form is deemed valid for the entire duration of your child's stay at Ladybird Nursery.

Child's Name : _____

Parent/Guardian Name : _____

Sign : _____

Date : _____