



## Ladybird Early Learning Centre

Seeing is believing.....

P O Box 215093, Dubai - U.A.E.

Email: [info.jvc@ladybirdnursery.ae](mailto:info.jvc@ladybirdnursery.ae), web: [www.ladybirdnursery.ae](http://www.ladybirdnursery.ae)

## REGISTRATION REQUIREMENTS

TO REGISTER YOUR CHILD AT LADYBIRD EARLY LEARNING CENTRE  
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
- Photocopy of birth certificate
- Copy of immunisation record
- 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 your last term's fees on leaving Ladybird Early Learning Centre*)



## 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 Early Learning Centre accepts cash or cheque - payable to "Ladybird Early Learning Centre".
- Direct wire transfers 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 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 Ladybird Early Learning Centre, the fees for registration, medical, tuition are non-refundable.
- If notice for withdrawal of a student is initiated by Ladybird Early Learning Centre, 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 Ladybird Early Learning Centre by providing one full terms notice in writing to the centre 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

- Ladybird Early Learning Centre 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.
- Ladybird Early Learning Centre 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 ☐

Date of Birth (dd/mm/yy) : \_\_\_\_\_ Religion : \_\_\_\_\_

Nationality (as per passport) : \_\_\_\_\_ Languages Spoken : \_\_\_\_\_

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

Timings	Sun	Mon	Tue	Wed	Thur
8:00 - 12:30 pm					
8:00 - 2:00 pm					
8:00 - 3:00 pm					
8:00 - 4:00 pm					
8:00 - 5:00 pm					

## FAMILY DETAILS

	FATHER	MOTHER
Full Name		
Nationality		
Home Telephone Number		
Mobile Number		
Office 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 ☐ Internet ☐ 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, Ladybird Early Learning Centre 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 Ladybird Early Learning Centre policies in support of our child's wellbeing. We understand that registration does not guarantee our child a place at Ladybird Early Learning Centre and that admissions are at the discretion of the Early Learning Centre.

Start Date at Ladybird Early Learning Centre : \_\_\_\_\_

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 Calpol in case of fever? Yes ☐ No ☐



## 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 : \_\_\_\_\_

### ***Person to contact in case of Emergency if Parents Not Available***

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

Contact Numbers : \_\_\_\_\_

Relationship to Child : \_\_\_\_\_

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

Ladybird Early Learning Centre will make every attempt to contact me or my named Emergency Contact Person.

I/we understand that Ladybird Early Learning Centre 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 Ladybird Early Learning Centre may photograph my child in a positive light during his/her education at Ladybird Early Learning Centre.

I understand that these photographs may be used for the Early Learning Centre'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 Ladybird Early Learning Centre in writing if I withdraw my consent otherwise this form is deemed valid for the entire duration of my child's stay at Ladybird Early Learning Centre.

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 Early Learning Centre.

- 1 I hereby waive all claims I may have against Ladybird Early Learning Centre, its Owners, Headmistress, Nurse or Staff arising from injury, accident, illness or any other cause involving the above-mentioned child and hereby indemnify Ladybird Early Learning Centre against all such claims.
- 2 Ladybird Early Learning Centre holds no responsibility for the above-mentioned child prior to delivery of the child into the care of staff inside the premises or after the above-mentioned child is collected 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 Early Learning Centre.
- 4 To keep Ladybird Early Learning Centre, or any of its authorised members of staff, fully and effectively indemnified against all actions, claims, liabilities, damages, expenses, costs, charges, fees (including medical, judicial and attorney's fees), which may be as a consequence of any accidental injury / medical reasons.

I, the parent/guardian of the child, hereby accept and agree that in case of an accident or injury / medical emergencies, the Owner, Headmistress, Nurse or Staff of Ladybird Early Learning Centre, shall have full authority to take the necessary decision to ensure appropriate emergency medical treatment of my child at the Centre 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 Early Learning Centre.

Child's Name : .....

Parent/Guardian Name : .....

Sign : .....

Date : .....