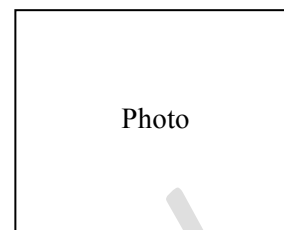


# APPLICATION FORM



Checklist	
<input type="checkbox"/> Copy of birth certificate	
<input type="checkbox"/> Copy of passport	
<input type="checkbox"/> Recent passport sized photo	
<input type="checkbox"/> Copy of vaccination record	
<input type="checkbox"/> Copy of parent's ID card	
<input type="checkbox"/> Parent's passport copy	
<input type="checkbox"/> Copy of any court orders involving custody of your child	
<input type="checkbox"/> Registration fee (QAR 500)	



## CHILD'S INFORMATION

First Name	Middle Name	Last Name

Gender	Blood group	Nationality	Date of Birth			Language at home	Other Language
			Day	Month	Year		

## PARENTS'/GUARDIANS' INFORMATION

INFORMATIONS	FATHER	MOTHER
NAME		
OCCUPATION		
EDUCATIONAL QUALIFICATION		
COMPANY		
MOBILE NUMBER		
LAND LINE NUMBER		
FAX		
P.O.BOX		
E-MAIL		

### Registration Details:

On which days would you like to place your child under our care? (Specify the timing also)

Sunday  
  Monday  
  Tuesday  
  Wednesday  
  Thursday  
  Saturday

Timing: ..... To .....

### Pick-Up Time

Please fill out the following details regarding any individuals you authorize to pick up your child apart from his parents/guardians.

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

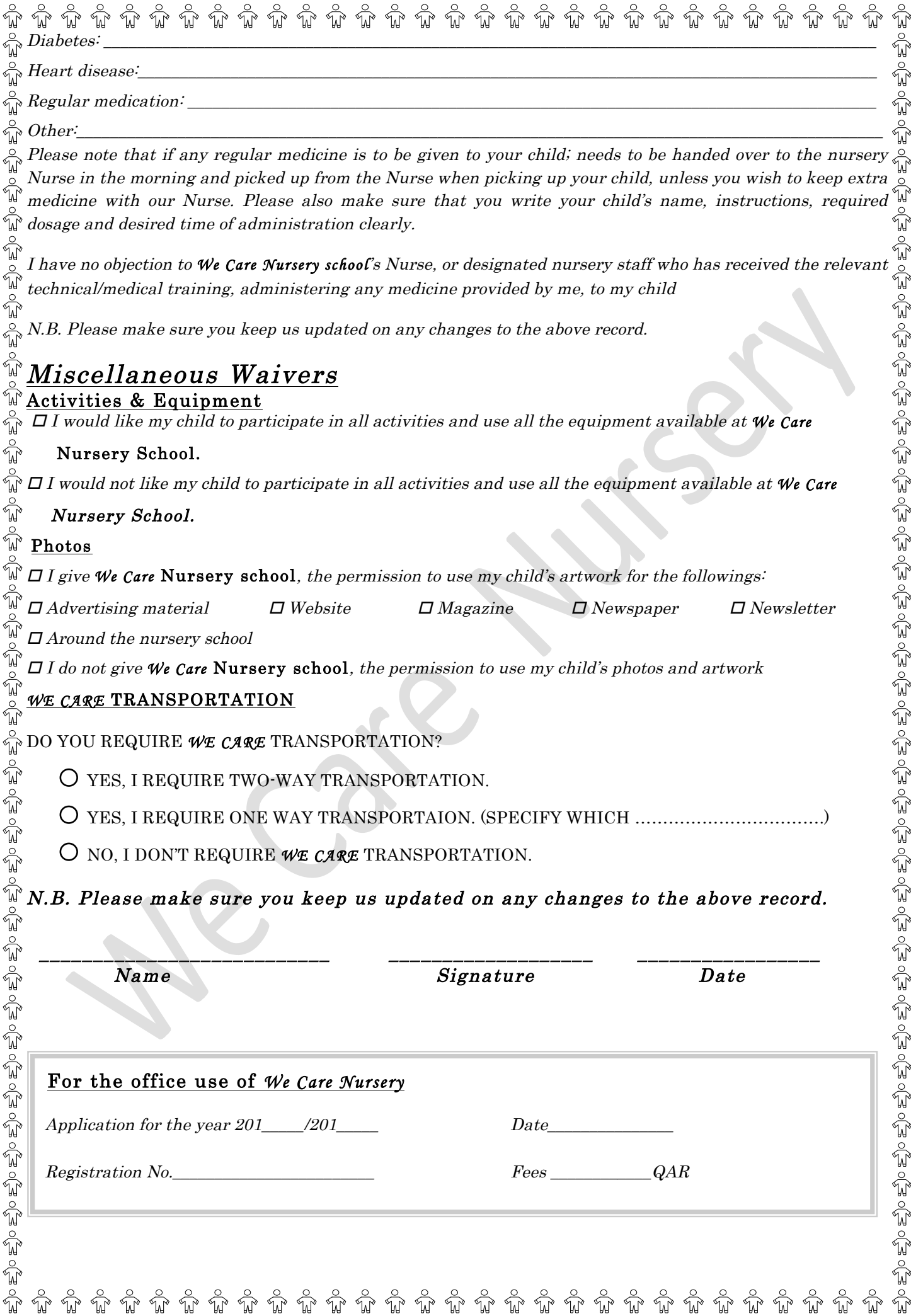
Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Medical Record:

Does your child suffer from any of the following? Please elaborate including medications needed if your answer is YES.

Allergies: \_\_\_\_\_

Asthama: \_\_\_\_\_



Diabetes: \_\_\_\_\_

Heart disease: \_\_\_\_\_

Regular medication: \_\_\_\_\_

Other: \_\_\_\_\_

Please note that if any regular medicine is to be given to your child; needs to be handed over to the nursery Nurse in the morning and picked up from the Nurse when picking up your child, unless you wish to keep extra medicine with our Nurse. Please also make sure that you write your child's name, instructions, required dosage and desired time of administration clearly.

I have no objection to **We Care Nursery school's** Nurse, or designated nursery staff who has received the relevant technical/medical training, administering any medicine provided by me, to my child

N.B. Please make sure you keep us updated on any changes to the above record.

### Miscellaneous Waivers

#### Activities & Equipment

I would like my child to participate in all activities and use all the equipment available at **We Care Nursery School**.

I would not like my child to participate in all activities and use all the equipment available at **We Care Nursery School**.

#### Photos

I give **We Care Nursery school**, the permission to use my child's artwork for the followings:

Advertising material       Website       Magazine       Newspaper       Newsletter

Around the nursery school

I do not give **We Care Nursery school**, the permission to use my child's photos and artwork

#### WE CARE TRANSPORTATION

DO YOU REQUIRE **WE CARE** TRANSPORTATION?

- YES, I REQUIRE TWO-WAY TRANSPORTATION.
- YES, I REQUIRE ONE WAY TRANSPORTAION. (SPECIFY WHICH .....)
- NO, I DON'T REQUIRE **WE CARE** TRANSPORTATION.

N.B. Please make sure you keep us updated on any changes to the above record.

-----  
**Name**

-----  
**Signature**

-----  
**Date**

#### For the office use of We Care Nursery

Application for the year 201\_\_\_\_/201\_\_\_\_

Date \_\_\_\_\_

Registration No. \_\_\_\_\_

Fees \_\_\_\_\_ QAR