

# Rainbow Valley Registration Form

Start Date: \_\_\_\_\_

Child's Full Name (first, middle & surname):

\_\_\_\_\_

\_\_\_\_\_

Childs Date of Birth: \_\_\_\_\_

Childs Nationality: \_\_\_\_\_

Childs Religion: \_\_\_\_\_

**Mother's Name:**

\_\_\_\_\_

Mother's Contact Number:

\_\_\_\_\_

Mother's Email Address:

\_\_\_\_\_

Mother's Place of Work

\_\_\_\_\_

Mother's Work Contact Number:

\_\_\_\_\_

**Father's Name:**

\_\_\_\_\_

Father's Contact Number:

\_\_\_\_\_

Father's Email Address:

\_\_\_\_\_

Father's Place of Work:

\_\_\_\_\_

Father's Work Contact Number:

\_\_\_\_\_



**Home Address:** \_\_\_\_\_

**Emergency Contact Name:**

\_\_\_\_\_

**Emergency Contact Number:**

\_\_\_\_\_

Emergency Contact Relationship:

\_\_\_\_\_

**Emergency Contact Name:**

\_\_\_\_\_

Emergency Contact Number:

\_\_\_\_\_

Emergency Contact Relationship:

\_\_\_\_\_

**Authorised Collection** - Please provide details of any authorized adult who you give permission to collect your child from nursery:

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

Contact Number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

**For anyone not listed, parents will be contacted for verification. Authorized person is to provide identification along with the answer to the below. Kindly provide a password**

## Schedule and Age Group

I would like to register my child for the following:

Early Bright ( no extra Fees)	7:00 am – 8:00 am	
RVN Programme 1	8:00 am – 1:00 pm	
RVN Programme 2	8:00 am – 3:00 pm	
RVN Full day	8:00 am – 6:00 pm	

### Start Date:

Term 1 (September)    Term 2 (January)    Term 3 (April)

### Please choose the Class Group:

Sunshiners	3 months – 12 months		
Moonwalkers	1 year – 2 years		
Cloudriders	2 years – 3 years		
Stargazers	3 years – 4 years		

### Number of Days:

- 3 Days a week
- 4 Days a week
- 5 Days a week

If not 5 days a week, please specify below the days your child will be at nursery:

Sunday	Monday	Tuesday	Wednesday	Thursday

### Official Use ONLY:

Start Date: \_\_\_\_\_ Age Group: \_\_\_\_\_

Days Attending: \_\_\_\_\_

Class Name & Teacher: \_\_\_\_\_

## Emergency Treatment Consent Form

If emergency treatment is required, I will be contacted to collect my child from Rainbow Valley Nursery immediately. If I, or any of my emergency contact persons cannot be contacted, I hereby authorize Rainbow Valley Nursery to take my child to the nearest hospital/medical Centre/Clinic for emergency treatment. Rainbow Valley Nursery will continue to make every attempt to contact me or any of my emergency contact persons.

If hospitalization is required, I hereby authorize Rainbow Valley Nursery to call paramedics and/or ambulance. I understand, and take full responsibility for all medical expenses, including transport expenses to a medical facility.

Name of parent/guardian	Name of parent/guardian	Date (dd/mm/yy)

### Policies and indemnity

#### Admission & Nursery Fees

I understand and agree that **Rainbow Valley Nursery** follows the Early Years Foundation Stage Framework and placement of my child will be according to the enrolment table.

I understand that all **required documents** referred to herein in the APPLICATION FORM part of my child's admission to **Rainbow Valley Nursery**.

I shall submit all necessary documents with the **APPLICATION FORM** to the Nursery within **2 calendar weeks** from confirmation of my child's seat, failing which I understand that admission is subject to cancellation. I understand that a **non-refundable Registration Fee of AED 750** is to be paid when this APPLICATION FORM is submitted.

I understand that an annual Medical Fee of AED 750 (non-refundable), a one-off Retainer's Fee of AED 1,000 and the Term Fees are required before my child's admission.

The Retainer's Fee is refundable upon withdrawal of my child, provided that **Rainbow Valley Nursery receives a notification of withdrawal of 1 (one) Term.**

**If you wish to withdraw your child from Rainbow Valley Nursery the final date for notification of withdrawal in order to receive the Retainer Fee is as follows:**

- For not attending 2<sup>nd</sup> Term the final date of notification is **Thursday October 10th 2019**
- For not attending 3<sup>rd</sup> Term the final date of notification is **Thursday January 16th 2020**
- For not attending 1<sup>st</sup> Term the final date of notification is **Thursday April 16th 2020**

**\*Please note that if the Withdrawal Form it is NOT submitted within the above dates, Rainbow Valley Nursery has the right to NOT refund the Retainer Fee.** The form is available at the front desk.

## Application Form

I understand and agree that Rainbow Valley Nursery reserves the right to refuse admission unless all previous outstanding balances have been settled and if fees are not paid.

I understand and agree that the fees, once paid are non-transferrable or refundable. It cannot be carried forward to a subsequent academic term/year. No refunds or reductions are issued in the case of absence, illness, vacations, Ramadan or withdrawal of my child from the nursery within the Term.

## Nursery Term Fees Terms and Conditions

**Term Fees must be paid** prior to the start of each term and before the end of the previous term, according to each Payment Due Dates:

**Term 1: 1<sup>st</sup> -August-2019**

**Term 2: 19<sup>th</sup> -December-2019**

**Term 3: 20<sup>th</sup> - March-2020**

- I understand that failure to pay according to each payment due dates may result in a forfeit of registration and/or admission of my child for the following term.
- Late Payment will incur a surcharge of 5% on the outstanding amount, in case the fee is not settled before 1st Day of each Term.
- Late Pick-Up Fee of AED 50 is charged for every 30 minutes late after the agreed pick-up time.
- A returned Cheque will incur a Service Charge of AED 250 per Cheque.
- Payment can be made in the form of cash, local check or wire transfer.

## Indemnity

I have read and accepted Rainbow Valley Nursery School Terms and Conditions of Admission and the documents incorporated herein by reference. I agree to **fully abide by all of the Nursery's policies** in support of my child's education, including payment of **nursery tuition, optional activities**.

I, (name of parent) \_\_\_\_\_, hereby give my child permission to participate in scheduled activities at the nursery, under the proper supervision. To the best of my knowledge, my child is physically fit to engage in normal activities. I understand that Rainbow Valley Nursery and its employees will exercise reasonable care while my child is in their custody and care while engaging in activities.

I, the parent, then agree to hold Rainbow Valley Nursery, and all its employees and affiliates harmless for any and all liability including medical cost incurred, which may arise while exercising their duty of care relating to my child, for personal injury, illness, accident, death, damage that may occur or property loss while in the nursery programme.

Name of parent/guardian	Signature of parent/guardian	Date (dd/mm/yy)

## Photography Consent

In Rainbow Valley Nursery, we like to celebrate the children's achievements in many ways; one being by showcasing their photographs on social media platforms (Facebook / Instagram). We may also use children's photographs on Rainbow Valley Nursery booklets/forms/posters and marketing material.

Please fill in the details below and inform us whether you give permission or not for use of your child's photograph:

<b>Consent</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>Parent's Name</b>		
<b>Parent's Signature</b>		
<b>Date of Consent</b>		

## Outdoor Excursions

I give permission for my child (name of child) \_\_\_\_\_ to leave the nursery premises whilst accompanied by an approved adult for walks, visits to the JLT Park and visits to other community facilities.

This form is deemed valid for the entire duration of my child's academic schooling at Rainbow Valley Nursery.

<b>Name of parent/guardian</b>	<b>Signature of parent/guardian</b>	<b>Date (dd/mm/yy)</b>

## Parents Promise

- Nursery fees are to be paid before the child starts attending Rainbow Valley Nursery
- All registration documents are to be filled in, and required documentation handed in before child starts attending Rainbow Valley Nursery
- Nursery fees are to be paid by cash, credit card, bank transfer or cheque – There will be a 250 AED charge for any dishonoured cheques
- We request 3 months' notice if you choose to withdraw your child from Rainbow Valley Nursery
- Rainbow Valley uniform for the children is compulsory. We strongly recommend your child wears this as it helps with daily routines, security and promotes identity amongst peers
- Rainbow Valley encourages regular attendance as it is of huge benefit to the children in their routine and developing of relationship with the nursery staff and their peers

I hereby agree with the above conditions:

Name of parent/guardian	Signature of parent/guardian	Date (dd/mm/yy)

## Documents Required

In order to process your child's registration at Rainbow Valley Nursery, we require copies of the following documentation:

- **Child's Birth Certificate**
- **Child's Passport & UAE Visa**
- **Child's Immunization record**
- **Child's Emirates ID**
- **Child's Insurance Card**
- **Both Parent's Passport & UAE Visa**
- **Passport Photographs of the child x4**
- **Passport Photograph of each parent x1**

Rainbow Valley Nursery has a thorough Data Protection policy that we follow at all times. Your child's information will be stored in a lockable filing cabinet to ensure confidentiality of all information stored on the premises.

### Checklist:

#### Childs Birth Certificate

<b>Childs Passport &amp; Visa</b>		
<b>Childs Emirates ID</b>		
<b>Childs Immunization Record</b>		
Childs Insurance Card		
<b>Mothers Passport &amp; Visa</b>		
<b>Fathers Passport &amp; Visa</b>		
<b>Childs Passport Photos</b>		
<b>Parents Passport Photos</b>		
<b>Registration Fee of AED 750 (Non refundable)</b>		
<b>Annual Medical Fee of AED 750 (Non refundable)</b>		
<b>Retainer Fee of AED 1,000</b>		

## Medical Form

### Medical Guidance / Consent

Rainbow Valley Nursery will support you and your child if they become unwell whilst at nursery. If your child shows any signs/symptoms, they will be taken to the clinic where an initial assessment of their condition will take place by the nurse. If your child has a fever and requires medication to reduce this, the nurse will call you before administration. If both parents are uncontactable, we require your permission to administer the medication as required to ensure your child's safety. Please give your consent below:

#### Child's Name

Child's Date of Birth	
Parent's Name	
Parent's Signature	
Date of Consent	

If your child is unwell at home, please do not send him/her to nursery. Children need rest and comfort if they are unwell and it is very easy for germs to be passed around the nursery environment which can be harmful to the other children. Please respect the health and safety of the rest of the children and keep your child home until they recover fully.

### Medication Administration Consent

Please tick the appropriate box, and sign your name to give consent for the administration of these medications.

- I do not allow my child to receive medications from the school clinic
- I allow my child to receive medications from the school clinic

Please tick the medicine you want your child to receive in the clinic.

Name of Medicine	Indication or use of medicine
<input type="checkbox"/> Ibuprofen Syrup	Pain, swelling
<input type="checkbox"/> Paracetamol Syrup	Head ache, fever, pain
<input type="checkbox"/> Clarifine Syrup	Allergy
<input type="checkbox"/> Fenistil/bite cream/gel	Insect bits
<input type="checkbox"/> Reparil gel	Bruise, swelling
<input type="checkbox"/> Betadine	Wound cleansing
<input type="checkbox"/> Fucidin ointment	Antibiotic cream for wounds
<input type="checkbox"/> Burn gel	Burns

Name of parent/guardian	Signature of parent/guardian	Date (dd/mm/yy)

## Medical Examination Consent

Rainbow Valley Nursery has a full time Nurse and a visiting Doctor who will carry out physical examinations of the children focusing on the general health and well-being. These examinations will take place throughout the year.

- We consent the nursery physician to examine my child
- We do not consent the nursery physician to examine my child

The school nurse will be present for the duration of all the examinations. The result of the examinations are documents in the Child's health record. Any findings requiring additional follow up or referrals will be reported to the parents.

## Medical Policy

Medication prescribed by your family doctor that needs to be given during the school day should be administered by the school nurse. The parent is required to hand in the medication with the written prescription from the doctor and sign a specific consent form available at the clinic.

If you child has asthma, allergies or conditions requiring the use of inhalers, nebulizers, EpiPen or other medication we require such medication to be kept in the clinic that can be given in an emergency situation and ACTION PLAN prescribed by your family doctor.

Name of parent/guardian	Signature of parent/guardian	Date (dd/mm/yy)

## Medical Questionnaire

Rainbow Valley Nursery is committed to supporting each child's well-being. We will work together with parents to ensure the safe monitoring of each child's health. In order to do so, please provide the following information:

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING?	YES	NO	COMMENTS
<b>ALLERGIES</b> <i>(IF YES, PLEASE SPECIFY)</i>			
<b>FOOD RESTRICTIONS</b> <i>(IF YES, PLEASE SPECIFY)</i>			
<b>PROBLEMS WITH HEARING</b>			
<b>PROBLEMS WITH VISION</b>			
<b>ANY ADDITIONAL NEEDS REQUIRING SUPPORT</b>			
<b>ANY HEALTH CONCERNS</b> <i>(IF YES, PLEASE SPECIFY)</i>			



**Has your child suffered from any of the following?** (If yes, please tick & note date)

- |  |  |  |
|--|--|--|
| <input type="radio"/> Chicken Pox _____    | <input type="radio"/> Tuberculosis _____   | <input type="radio"/> Cholera _____                  |
| <input type="radio"/> Measles _____        | <input type="radio"/> Poliomyelitis _____  | <input type="radio"/> German Measles (Rubella) _____ |
| <input type="radio"/> Whooping Cough _____ | <input type="radio"/> Pneumonia _____      | <input type="radio"/> Scarlet Fever _____            |
| <input type="radio"/> Hepatitis _____      | <input type="radio"/> Frequent Colds _____ | <input type="radio"/> Sinusitis _____                |
| <input type="radio"/> Hay Fever _____      | <input type="radio"/> Asthma _____         |  |

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

Does your child take any regular medication? (if yes, please note details below)  Yes  No

Any additional medical information to share with us about your child?

**Has your child received the following vaccinations?**

	Yes	No		Yes	No		Yes	No
BCG			DPT/Polio/Hib (2m)			Meningococcus (3m)		
Rotavirus (2/3m)			DPT/Polio/Hib (4m)			Meningococcus (12m)		
Hepatitis B			MMR (13m)			Varicella (13m)		
Hepatitis A			DPT/Polio (36m)			MMR (36m)		
PCV								

\*Please provide Rainbow Valley Nursery with a copy of your child's vaccination record

**Nurse Emergency Treatment Consent Form**

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If hospitalization is required, I hereby authorize Rainbow Valley Nursery to call paramedics and/or ambulance. I understand, and take full responsibility for all medical expenses, including transport expenses to a medical facility