

REGISTRATION FORM

CHILD'S DETAILS

Surname: _____

First Names: _____

Date of Birth: _____

Nationality: _____

Religion: _____ Sex: _____

Home Address: _____

P.O. Box No. : _____

Home Telephone No.: _____

MOTHER'S DETAILS

Surname: _____

First Names: _____

Email: _____

Employer's Address (if applicable):

Office Telephone No.: _____

Mobile No.: _____

FATHER'S DETAILS

Surname: _____

First Names: _____

Email: _____

Employer's Address: _____

Office Telephone No.: _____

Mobile No.: _____

How Do You Know About My Nursery: **Web** **Friends** **Other**

I give permission for photographs of my child to be taken for marketing purposes:

Yes

No

Transportation Registration Form

(only to be completed by children requiring transport)

Name of Child: _____

Transport requirement: **Term** **1** **2** **3**

Pick-up point (give exact location or map):

School transport charges are paid per term in advance.

A member of staff will accompany the children on all bus trips.

Signature _____

Date _____

Child's discount : 15% for the second sibling , 20% for the third sibling.

PLEASE NOTE: The bus will strictly adhere to pick up times, It will not wait for child being late, and it will not return for later pick up.

Intake : Registration

By filling this form we will be able to get to know your child better. Please complete this as openly and honestly as possible. Underline the relevant information which describes your child best. All of the information will be treated confidentially at all times.

This information informs us as to your child's strengths and highlights possible developmental delays, giving us a reference to work from.

Personal Details of Child		
Full Names :		
Surname :		
Age:	Year:	Month:
Number of Children in family.....		Position(1 st ,2 nd ,3 rd ,4 th)
Ages of other siblings/children		
Is the child attached to somebody ?.....		
Residence :	Apartment	Independent Villa

Family History :

Are the parents related ? Yes No

If yes, specify the relationship.

Any medical problems present in family history : diabetes , hypertension , heart problems. Yes No

If any please specify : Mother's side Father's side

DEVELOPMENTAL HISTORY OF CHILD

Pregnancy:

If complication , please specify

Birth:

Delivery: Normal Cesarean Early Birth Late Birth

Labour:

Birth weight : Under 5 pounds (2kg) Over 9 pounds (4kg)

Height at birth :.....

Head circumference:

Were there any medical problems for the baby after birth?

Please specify.....

Does he/she have any allergy to any medicine YES NO

Please specify.....

BODILY DEVELOPMENT

Breastfed Bottle fed | Duration :

Any feeding problems : YES NO

Crawl : Normal time (8-10 months) Earlier Later

Method : Hands and knees On bottom Shuffle

Duration: Months

Walk: Normal time (12 Months) Earlier Later

Full bladder control/toilet training:

Under 2 years Between 2 and 3 After 3 years Still problems
(specify):.....

First words at: Normal time (12-16 months) Earlier Later

Word sentences: Under 2 years Between 2 and 3 years After 3 years

Does your child still pronounce any sounds/words incorrectly? (Please specify):

Is sentence construction correct / incorrect? (underline): **Yes** **No**

Are there any behavioral problems?

Please clarify _____

SENSES / MODALITIES

Hearing: Good uncertain problems (specify): _____

Vision: Good uncertain problems (specify): _____

Was any test for hearing / sight ever done :

HAND DOMINANCE / PREFERENCE

Which hand does your child prefer: Left Right Both

Has he/she ever changed preference? Yes No

NUTRITION / EATING HABITS

Appetite : Weak Average Above average.

Does the child have any allergy to any food?

Please specify:.....