



## 1 Child Details

PLEASE COMPLETE BLOCK CAPITAL LETTERS

Date of application: ..... UAE ID: .....

First Name:..... Middle Name:.....

Last Name: :..... Gender:  Male  Female

Date of Birth:..... Place of Birth:.....

Nationality/Passport:.....

Religion (optional): .....

1<sup>st</sup> Language:..... 2<sup>nd</sup> Language:.....

Has your child attended Nursery before?  YES  NO

if yes, name of the nursery:.....



Child's  
Photo

## 2 Mother / Guardian Details

First Name: .....

Last Name: .....

Residence Tel.: ..... Work Tel.: .....

Mobile No.: ..... Emirates ID Number.....

E-mail: .....P.O Box:.....

City: ..... Area/District: .....

Nationality:..... Place of Work: .....

Residence Address: .....



Mother's/Guardian's  
Photo

### 3 Father / Guardian Details



First Name: .....  
Last Name: .....  
Residence Tel.: ..... Work Tel.: .....  
Mobile No.: ..... Emirates ID Number.....  
E-mail: ..... P.O Box:.....  
City: ..... Area/District: .....  
Nationality:.....Place of Work: .....  
Residence Address: .....

### 4 Emergency contact Details

(Other than parents)

\* Mandatory

1

Title  Mrs  Mr Relationship to child : .....  
First Name: ..... Last Name: .....  
Residence Tel.: ..... Work Tel.: .....  
Mobile No.: ..... E-mail: .....

2

Title  Mrs  Mr Relationship to child : .....  
First Name: ..... Last Name: .....  
Residence Tel.: ..... Work Tel.: .....  
Mobile No.: ..... E-mail: .....

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## 5 Authorized persons to collect child from Nursery (other than parents)

\*optional

Full Name: .....  
Relationship: .....  
Local contact No: .....  
Emirates Id number: .....

1<sup>st</sup> authorized  
person photo

2<sup>nd</sup> authorized  
person photo

Full Name:.....  
Relationship: .....  
Local contact No:.....  
Emirates Id number: .....

## 6 Siblings Information

1- Name:..... Date of Birth: .....

Grade :..... School:.....

2- Name: .....Date of Birth:.....

Grade :..... School:.....

3- Name:.....Date of Birth:.....

Grade :..... School:.....

## 7 Special Interest/Talents

Please list any special interests/talents your child has:.....  
.....  
.....

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## 8 Required Age Level, Booking pattern and options

Language Preference :  French (3months - 4y)  French (4-6Y)  50/50 bilingual (4-6y)  
LPP Follows EYFS (UK Curriculum) and French Curriculum.

Number of Days/Week:  3 days (for less than 18 months of age only)  5 days

Dates Chosen:  Monday  Tuesday  Wednesday  Thursday  Friday

Options Chosen:  7:30 AM - 1:00 PM  7:30 AM - 3:00 PM  7:30 AM - 5:30 PM  
 Other .....

## 9 Learning or Behavior support

Has your child received any kind of learning or behavior support and / or experienced any learning difficulties?  
 Yes  No If so, please provide details below (i.e. speech therapy, etc.) And provide copies of Reports from the therapist if available.

## 10 Anything Else you would like us to know about your child

.....  
.....  
.....

## 11 How did you hear about us?

Friend's child at nursery/referral Name: .....

Website/ Internet Search  Magazine  Newspaper Others: .....

## 12 Lunch Request (Optional)

Child's Age: ..... Effective Starting: .....

\*Please note lunches are booked on a term basis and will be invoiced at the time of booking.

\*Meals are planned and updated on a weekly basis by a dietitian and can be designed individually based on child's needs.

### I WOULD LIKE TO BOOK HOT LUNCHES FOR THE FOLLOWING:

Term 1  Term2  Term3

Monday  Tuesday  Wednesday  Thursday  Friday

Any Food Allergies? .....

Any special diet/ special eating habits? .....

I require a vegetarian alternative  YES  NO

Parent Signature: .....

## 13 Transportation Form (Optional)

Child's Age: ..... Effective Starting: .....

Pick up (morning) only  drop off (afternoon) only  Two-ways

### HOME ADDRESS:

Area: ..... Street name .....

Building name .....

Detailed description: .....

### NOTES:

\*Please attach clear location map.

\*Car seat to be provided by the parents before starting date.

\* please note that buses leave before the registered timings. Bus coordinator will contact you before the starting date to inform of the exact timing. Timings might change during the term due to traffic updates and minor route changes.

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# 14 MEDICAL FORM

## FAMILY PHYSICIAN

NAME ..... HOSPITAL/CLINIC .....

EMERGENCY CONTACT NUMBER .....

### HAS YOUR CHILD HAD ANY OF THE FOLLOWING ILLNESSES OR SUFFER FROM ANY OF THESE CONDITIONS?

	YES	NO		YES	NO
EPILEPSY	<input type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input type="checkbox"/>	<input type="checkbox"/>
ASTHMA	<input type="checkbox"/>	<input type="checkbox"/>	SCARLET FEVER	<input type="checkbox"/>	<input type="checkbox"/>
THALASSEMIA	<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULOSIS	<input type="checkbox"/>	<input type="checkbox"/>
SICKLE CELL ANAEMIA	<input type="checkbox"/>	<input type="checkbox"/>	PNEUMONIA	<input type="checkbox"/>	<input type="checkbox"/>
DIABETES	<input type="checkbox"/>	<input type="checkbox"/>	POLIOMYELITIS	<input type="checkbox"/>	<input type="checkbox"/>
CHICKEN POX	<input type="checkbox"/>	<input type="checkbox"/>	TONSILLITIS	<input type="checkbox"/>	<input type="checkbox"/>
WHOOPING COUGH	<input type="checkbox"/>	<input type="checkbox"/>	FREQUENT COLDS/SINUSITIS,H1N1	<input type="checkbox"/>	<input type="checkbox"/>
GERMAN MEASLES	<input type="checkbox"/>	<input type="checkbox"/>	FAINTING	<input type="checkbox"/>	<input type="checkbox"/>
SEVEN DAY MEASLES (RUBEOLA)	<input type="checkbox"/>	<input type="checkbox"/>	HEART TROUBLE	<input type="checkbox"/>	<input type="checkbox"/>
MUMPS	<input type="checkbox"/>	<input type="checkbox"/>	HEPATITIS	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE COMMENT IF YOU HAVE ANY INFORMATION TO SHARE REGARDING THE BELOW:

OPERATIONS .....

SERIOUS INJURIES .....

OTHER .....

### HAS YOUR CHILD RECEIVED THE FOLLOWING VACCINATIONS?

	YES/NO	DATE		YES/NO	DATE
BCG	<input type="checkbox"/> <input type="checkbox"/>	.....	HIB 2ND DOSE	<input type="checkbox"/> <input type="checkbox"/>	.....
HEP B 1ST DOSE	<input type="checkbox"/> <input type="checkbox"/>	.....	HIB 3RD DOSE	<input type="checkbox"/> <input type="checkbox"/>	.....
HEP B 2ND DOSE	<input type="checkbox"/> <input type="checkbox"/>	.....	HIB BOOSTER	<input type="checkbox"/> <input type="checkbox"/>	.....
HEP B 3RD DOSE	<input type="checkbox"/> <input type="checkbox"/>	.....	MMR	<input type="checkbox"/> <input type="checkbox"/>	.....
DPT/POLIO 1ST DOSE	<input type="checkbox"/> <input type="checkbox"/>	.....	VARICELLE	<input type="checkbox"/> <input type="checkbox"/>	.....
	YES/NO	DATE		TYPE	DATE
DPT/POLIO 2ND DOSE	<input type="checkbox"/> <input type="checkbox"/>	.....	OTHER VACCINE (S):	.....	.....
DPT/POLIO 3RD DOSE	<input type="checkbox"/> <input type="checkbox"/>	.....	1.	.....	.....
DPT/POLIO 1ST BOOSTER	<input type="checkbox"/> <input type="checkbox"/>	.....	2.	.....	.....
DPT/POLIO 2ND BOOSTER	<input type="checkbox"/> <input type="checkbox"/>	.....	3.	.....	.....
HIB 1ST DOSE	<input type="checkbox"/> <input type="checkbox"/>	.....	4.	.....	.....

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**DOES YOUR CHILD SUFFER FROM ANY OF THE FOLLOWING?**

-ALLERGIES:E.G. DUST, FOOD, INSECT BITES, MEDICATIONS  YES  NO

COMMENTS:.....

-PROBLEMS WITH VISION OR ANY HEARING PROBLEMS  YES  NO

COMMENTS: .....

-SPECIAL DISABILITIES: E.G. PHYSICAL OR LEARNING  YES  NO

COMMENTS: .....

**OTHER MEDICAL INFORMATION:**

- HAS YOUR CHILD BEEN HOSPITALISED OR HAD ANY TREATMENT FOR AN ILLNESS OR ACCIDENT?

COMMENTS:.....

- IS THERE ANY OTHER INFORMATION THAT WE SHOULD KNOW ABOUT CONCERNING THE HEALTH OF YOUR CHILD:.....

- IS YOUR CHILD CURRENTLY TAKING ANY MEDICINE ON A REGULAR BASIS?

PLEASE PROVIDE DETAILS (NAME, DOSAGE AND REASON) :.....

.....

- WHAT IS YOUR CHILD'S BLOOD TYPE?.....

ARE THERE ANY RESTRICTIONS REGARDING YOUR CHILD'S PARTICIPATION IN SPORTING ACTIVITIES?

.....

**EMERGENCY/FIRST AID TREATMENT**

IN THE EVENT THE NURSERY IS UNABLE TO CONTACT ME IN AN EMERGENCY AND/OR WHEN FIRST AID TREATMENT IS REQUIRED, I AGREE THAT THE NURSERY MAY CALL THE FAMILY PHYSICIAN OR ANY OTHER AVAILABLE PHYSICIAN AND/OR ADMINISTER EMERGENCY AND /OR FIRST AID TREATMENT INCLUDING MEDICATION TO MY CHILD AS DEEMED NECESSARY. I FURTHER AGREE TO HOLD THE NURSERY COMPLETELY HARMLESS AND KEEP THE NURSERY FULLY INDEMNIFIED.

I HEREBBY CERTIFY THE ABOVE INFORMATION IS ACCURATE AND TRUE AND AGREE TO PROVIDE THE NURSERY WITH ANY CHANGES TO THIS INFORMATION AS AND WHEN I BECOME AWARE OF THEM.

PARENT/GUARDIAN NAME.....

SIGNATURE..... DATE.....

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# 15 childcare Registration checklist (office use only)

Please Tick

	1	2	3	4
Two (2) copies of Child's passport showing UAE Residence visa /	<input type="checkbox"/>	<input type="checkbox"/>		
Two (2) copies of Mother's passport showing UAE Residence visa	<input type="checkbox"/>	<input type="checkbox"/>		
Two (2) copies of Father's passport showing UAE Residence visa	<input type="checkbox"/>	<input type="checkbox"/>		
Four (4) passport sized recent colour photographs of child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Two (2) passport sized recent colour photographs of mother	<input type="checkbox"/>	<input type="checkbox"/>		
Two (2) passport sized recent colour photographs of father	<input type="checkbox"/>	<input type="checkbox"/>		
Two (2) passport sized recent colour photographs of nanny/driver	<input type="checkbox"/>	<input type="checkbox"/>		
Two (2) copies of Emirates ID of child and parents	<input type="checkbox"/>	<input type="checkbox"/>		
One (1) copy of caregiver's (nanny/driver) passport showing UAE Residence visa	<input type="checkbox"/>			
One (1) copy of your child vaccination and immunization record	<input type="checkbox"/>			
Signed Terms and Conditions of Le Petit Poucet Nursery	<input type="checkbox"/>			
Registration and Insurance Fee	<input type="checkbox"/>			
Term Fee	<input type="checkbox"/>			
Two (2) copies of child's birth certificate	<input type="checkbox"/>	<input type="checkbox"/>		

\*All Applicable Fees must be paid in full and all supporting documents must be provided 2 days prior to the joining date.  
 \*Application Forms can only be accepted if accompanied by the Registration Fee.

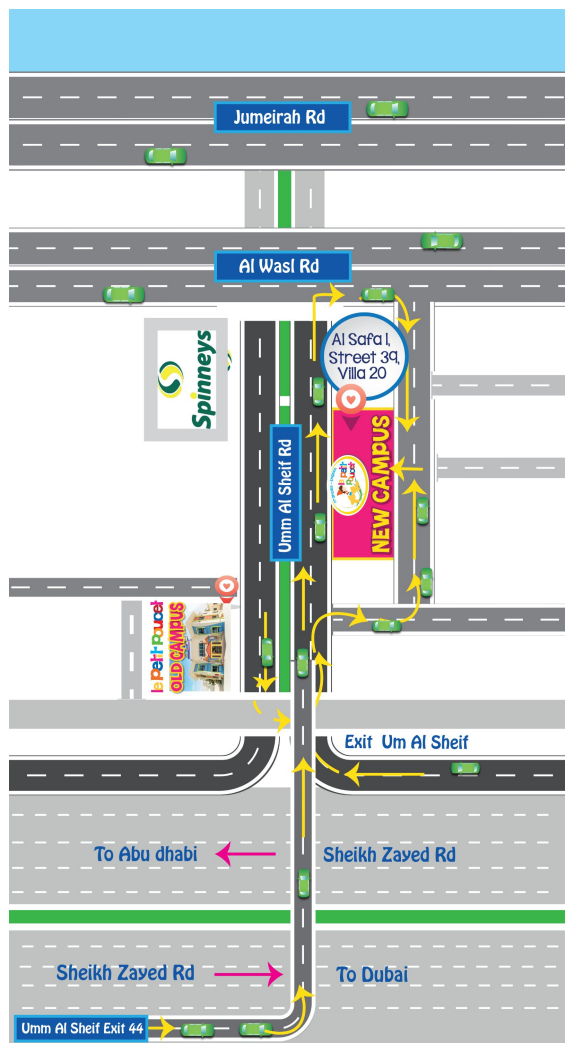
# 16 confirmation, signature and indemnity

I confirm I have read the terms and conditions of the Nursery overleaf and agree to comply with them and any changes to regulations when necessary. I confirm that the information I have provided is both complete and accurate and I have been taken through the Nursery's policy and procedures by the Nursery Manager and fully comprehend the permissions authorized.

Parent's name:..... Signature: .....

Date:.....





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**APPLICATION FORM**

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