

## REGISTRATION CHECK LIST

Dear Parent/s,

Thank you for the interest in our Centre and we hope the enclosed application helps you begin the registration process. In order to register your child at our Centre you need to complete the attached application forms plus submit the documents listed below. We look forward to getting to know you and your child. If you have any questions, please do not hesitate to ask.

Thank You

|                           |  |                    |  |
|---------------------------|--|--------------------|--|
| <b>Child's First Name</b> |  | <b>Family Name</b> |  |
|---------------------------|--|--------------------|--|

| <input checked="" type="checkbox"/> | Forms to be completed                    | <input checked="" type="checkbox"/> | CHILD's Documentation Required     |
|-------------------------------------|--|-------------------------------------|------------------------------------|
|                                     | 1 x Registration Form                    |                                     | 6 x recent passport photographs    |
|                                     | 1 x Medical / Accident / Emergency Forms |                                     | 1 x photocopy of Passport          |
|                                     | 1 x Collection Consent Form              |                                     | 1 x photocopy of Residence Visa    |
|                                     | 1 x Bus Collection Consent Form          |                                     | 1 x photocopy of Emirates ID       |
|                                     | 1 x Photos and Social Media Permission   |                                     | 1 x photocopy of Birth Certificate |
|                                     | 1 x Signed Parent / Centre Contract      |                                     | 1 x photocopy Vaccination Record   |
|                                     | 1 x Child Profile Form [for Teacher]     |                                     |                                    |
|                                     | 1 x Parent Centre Contract               |                                     |                                    |

| Parent's Documentation Required     |                                 |                                     |                                 |
|-------------------------------------|---------------------------------|-------------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> | Father / Guardian               | <input checked="" type="checkbox"/> | Mother / Guardian               |
|                                     | 1 x photocopy of Passport       |                                     | 1 x photocopy of Passport       |
|                                     | 1 x photocopy of Residence Visa |                                     | 1 x photocopy of Residence Visa |
|                                     | 1 x photocopy of Emirates ID    |                                     | 1 x photocopy of Emirates ID    |

Please   ALBadaa  Jumeirah

| REGISTRATION FORM      |  |                               |                                 |                   |
|------------------------|--|-------------------------------|---------------------------------|-------------------|
| Date                   |  |                               |                                 | <b>Photograph</b> |
| Child's FIRST Name     |  |                               |                                 |                   |
| Child's FAMILY Name    |  |                               |                                 |                   |
| Date of Birth          |  |                               |                                 |                   |
| Nationality            |  | <input type="checkbox"/> Male | <input type="checkbox"/> Female |                   |
| Religion               |  | First Language                |                                 |                   |
| Primary Contact Person |  | Second Language               |                                 |                   |

| PARENT / CONTACT Information |                   |                   |
|------------------------------|-------------------|-------------------|
| Details                      | Father / Guardian | Mother / Guardian |
| Name                         |                   |                   |
| Nationality                  |                   |                   |
| Telephone [Home]             |                   |                   |
| Telephone [Mobile]           |                   |                   |
| Email                        |                   |                   |
| Street Address               |                   |                   |
| Location [Area]              |                   |                   |
| Occupation                   |                   |                   |
| Employer                     |                   |                   |
| Employer Address             |                   |                   |

## For Office Use ONLY

|   |   |  |                                    |                                       |                              |                              |               |
|---|---|--|------------------------------------|---------------------------------------|------------------------------|------------------------------|---------------|
| User Name                                 |   |  |                                    |                                       | Password                     |                              |               |
| Starting date                             | Age in September                        |  |                                    | Class                                 |                              |                              |               |
| <input type="checkbox"/> Registration Fee | <input type="checkbox"/> Annual Medical | <input type="checkbox"/> Early Bird / Late Class | <input type="checkbox"/> Transport | <input type="checkbox"/> 2 x t-shirts | Total                        |                              |               |
|   |   |  |                                    |                                       |                              |                              |               |
| <input type="checkbox"/> 5 Days           | <input type="checkbox"/> 3 Days         | <input type="checkbox"/> Sun                     | <input type="checkbox"/> Mon       | <input type="checkbox"/> Tue          | <input type="checkbox"/> Wed | <input type="checkbox"/> Thu | Receipt No's: |
| Remarks                                   |   |  |                                    |                                       |                              | Leaving Date                 |               |
| Parent Hand Book : Emailed on [date] :    |   |  |                                    |                                       |                              |                              |               |

|                                  |  |                   |
|----------------------------------|--|-------------------|
| <b>MEDICAL FORM</b> [page 1 / 2] |  | <b>Photograph</b> |
| Date                             |  |                   |
| Child's FIRST Name               |  |                   |
| Child's FAMILY Name              |  |                   |
| Date of Birth                    |  |                   |

| ALLERGIES  |   |
|------------|---|
| Medicine/s | <b>Other :</b> <input type="checkbox"/> Pollen <input type="checkbox"/> Dust <input type="checkbox"/> Sun <input type="checkbox"/> Insect Bites<br><input type="checkbox"/> Insect Stings |
| Food       | <input type="checkbox"/><br>.....   |

| CHILDHOOD ILLNESSES | DATE                         |                             |  |
|---------------------|------------------------------|-----------------------------|--|
| Chickenpox          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Measles             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| Mumps               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |

| MEDICAL HISTORY     |  | MEDICAL HISTORY   |  | MEDICAL HISTORY |  |
|---------------------|--|-------------------|--|-----------------|--|
| Asthma              | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Heart Disease     | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Rheumatic Fever | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Diabetes            | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Heart Murmur      | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Thalassemia     | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Hearing Loss        | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Epilepsy          | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Hernia          | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Speech Difficulties | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Bleeding Tendency | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Skin Disorders  | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| High Temperatures   | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Bone/Joint Injury | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Concussion      | <input type="checkbox"/> Yes / <input type="checkbox"/> No |

**Other :** .....

| MEDICATION  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| I hereby authorise the Centre to use the following medications / products on my child according to the manufacturers, physicians or parent written instructions. I will not hold the Centre responsible for any allergic reactions or symptoms when the medication / products are used in accordance with these terms |  |  |  |  |  |  |  |

| Panadol  | First Aid Ointment   | Antiseptic   | Insect Bite Cream  |
|--|--|--|--|
| <input type="checkbox"/> Agree <input type="checkbox"/> Disagree | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree | <input type="checkbox"/> Agree <input type="checkbox"/> Disagree |

**Comment :** .....

| MEDICAL EXAMINATION CONSENT   |
|---|
| 1. The Dubai Health Authority [DHA] requires a mandatory medical examinations of students attending Nurseries and Early Childhood Centres.<br>2. The appointed Doctor visits our Centre regularly to carry out physical examinations of the children to track their growth and development and to identify early signs of irregularities in these and other reasons for concern.<br>3. Our Nurse will be present for the duration of the examination. The results are documented in your child's Medical Record and any findings requiring additional follow-up or referrals will be reported to parents via the Doctor's Clinic Visit Form<br>4. Please note : Only students from whom we have received Parental Consent will be examined by the Doctor. |
| <input type="checkbox"/> I <b>CONSENT</b> / <input type="checkbox"/> I <b>DO NOT CONSENT</b> to my child having a medical examination.  |

|                          |           |      |
|--------------------------|-----------|------|
| Name [Parent / Guardian] | Signature | Date |
|--------------------------|-----------|------|

# SAFA Early Learning Centre

## ACCIDENT / EMERGENCY FORM [page 2 / 2]

Note : This form is deemed to be valid for the entire duration of the child's stay at SAFA Early Learning Centre

| Details            | First Contact  | Relationship to Child |
|--------------------|----------------|-----------------------|
| Name               |                |                       |
| Telephone [Home]   |                |                       |
| Telephone [Mobile] |                |                       |
| Telephone [Office] |                |                       |
| Details            | Second Contact | Relationship to Child |
| Name               |                |                       |
| Telephone [Home]   |                |                       |
| Telephone [Mobile] |                |                       |
| Telephone [Office] |                |                       |
| Details            | Third Contact  | Relationship to Child |
| Name               |                |                       |
| Telephone [Home]   |                |                       |
| Telephone [Mobile] |                |                       |
| Telephone [Office] |                |                       |

### AUTHORISATION FOR EMERGENCY MEDICAL TREATMENT

I hereby authorise :-

- the Centre to make whatever emergency [illness, accidents or disaster evacuation] measures as judged necessary for the care and protection of my child while under the supervision of the Centre.
- the Centre Representative to act on my behalf and give required consent to provide medical treatment to my child including the provision of required consent for operations and anaesthetics in the event of an emergency. I agree that it may not always be possible for the members of the Centre authorising such emergency treatment, to inform me before treatment is administered, although reasonable efforts will be made to do so.

Agree  Disagree Name : ..... Signature: ..... Date .....

- In case of emergency, I understand my child will be transported to Latifa Hospital, Dubai by a local emergency unit for treatment if the local emergency resources [ambulance / police and/or rescue squad] deem necessary.
- I take full responsibility for the Emergency Medical Treatment required and I agree to pay for all costs incurred including the ambulance transportation fees.
- I further agree to not hold the Centre liable for any consequences arising from such Emergency Medical Treatment.
- I hereby agree to fully update the Centre, at the time of admission, of any pre-existing medical condition which may require Emergency Medical Treatment.

Agree  Disagree Name : ..... Signature: ..... Date .....

# SAFA Early Learning Centre



| <b>CENTRE COLLECTION CONSENT FORM</b>   |                   |
|---|-------------------|
| <ul style="list-style-type: none"> <li>In order to keep your child safe at all times, please provide the details of persons authorised to collect your child at home time</li> <li>Children <u>will not</u> be permitted to go home with any unauthorised person.</li> <li>Please note: The Centre must be informed immediately if there are any changes</li> </ul> |                   |
| Child's FIRST Name  | <b>Photograph</b> |
| Child's FAMILY Name   |                   |
| Notes / Comments  |                   |

| Relationship                      | Name | Mobile Number |
|-----------------------------------|------|---------------|
| 1 <input type="checkbox"/> Father |      |               |
| 2 <input type="checkbox"/> Mother |      |               |
| 3 <input type="checkbox"/> Driver |      |               |
| 4 <input type="checkbox"/> Nanny  |      |               |
| 5 <input type="checkbox"/> .      |      |               |

| Name  | Name  | Name  |
|---|---|---|
| <input type="checkbox"/> Emirates ID Attached | <input type="checkbox"/> Emirates ID attached | <input type="checkbox"/> Emirates ID attached |
| <b>Passport Photograph</b>                    | <b>Passport Photograph</b>                    | <b>Passport Photograph</b>                    |

.....  
Name [Parent / Guardian]

.....  
Signature

.....  
Date

Al Bada'a 04-344-3878 email – [albadaa@safaalc.ae](mailto:albadaa@safaalc.ae)  
Jumeirah 04-342-9575 email – [jumeirah@safaalc.ae](mailto:jumeirah@safaalc.ae)

website – [www.safaalc.ae](http://www.safaalc.ae)

# SAFA Early Learning Centre



| <b>BUS COLLECTION CONSENT FORM</b>   |  | <b>Photograph</b> |
|--|--|-------------------|
| <ul style="list-style-type: none"><li>In order to keep your child safe at all times, please provide the details of persons authorised to collect your child from the SCHOOL BUS.</li><li>Children <u>will not</u> be handed over to any unauthorised person.</li><li>Please note: The Centre must be informed immediately if there are any changes</li></ul> |  |                   |
| <b>Child's FIRST Name</b>  |  |                   |
| <b>Child's FAMILY Name</b>   |  |                   |
| <b>Notes / Comments</b>  |  |                   |

|   | <b>Relationship</b>             | <b>Name</b> | <b>Mobile Number</b> |
|---|---------------------------------|-------------|----------------------|
| 1 | <input type="checkbox"/> Father |             |                      |
| 2 | <input type="checkbox"/> Mother |             |                      |
| 3 | <input type="checkbox"/> Driver |             |                      |
| 4 | <input type="checkbox"/> Nanny  |             |                      |
| 5 | <input type="checkbox"/> .      |             |                      |

| <b>Name</b>                                   | <b>Name</b>                                   | <b>Name</b>                                   |
|---|---|---|
| <input type="checkbox"/> Emirates ID Attached | <input type="checkbox"/> Emirates ID attached | <input type="checkbox"/> Emirates ID attached |
| <b>Passport Photograph</b>                    | <b>Passport Photograph</b>                    | <b>Passport Photograph</b>                    |

.....  
**Name [Parent / Guardian]**

.....  
**Signature**

.....  
**Date**

Al Bada'a 04-344-3878 email – albadaa@safacl.ae  
Jumeirah 04-342-9575 email – jumeirah@safacl.ae

website – www.safacl.ae

## Mobile Phones, Camera, Video Recording and Social Media

Child's Full Name : .....

As part of our duty to safeguard children it is essential to maintain the privacy and security of all our families.

### We therefore, require that:

- No photographs taken within the Centre, or at any Centre events with the children, are to be posted for public viewing. (This excludes those photographs taken by staff for learning journals, for display in the settings or on the website if parental permission is given).
- We will act in the best interest of the whole community and honour our duty of care to our children.

### Reminder of Article 43 of Federal Law No 7 of 2002

No person may capture a photo of any other person and distribute it on the internet without his/her personal approval or the approval of his/her legal representative. This is in line with many legal provisions, including Article 43 of Federal Law No 7 of 2002 on copyright, which reads: "The person who made a photo of another in any form may not save, expose, publish or distribute its original or a copy thereof without the approval of the photo holder, unless otherwise is agreed upon". Therefore, if you take photos of people without their consent, you are liable, even if it is a street scene in a public place with lots of people around.

## Permissions to SAFA Early Learning Centre

### Consent for taking your child's photo

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • EDUCORE                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Centre's use / Class USB                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Centre's Website / Social Media / Advertising | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Disclaimer

The Centre takes no responsibility where other parents will be taking group photos and videos during concerts, field trips and functions and how these are distributed.

I have read and understood the above permissions and agree to abide by it

.....  
Printed Name – Parent / Guardian

.....  
Signature

.....  
Date

# SAFA Early Learning Centre



|                                  |                 |                               |                                 |  |
|----------------------------------|-----------------|-------------------------------|---------------------------------|--|
| <b>CHILD PROFILE FOR TEACHER</b> |                 |                               | Date                            |  |
| Child's FIRST Name               |                 | Nick Name:                    |                                 |  |
| Child's FAMILY Name              |                 |                               |                                 |  |
| Date of Birth                    |                 | <input type="checkbox"/> Male | <input type="checkbox"/> Female |  |
| Nationality                      |                 | Religion                      |                                 |  |
| First Language                   | Second Language | Third Language                |                                 |  |
| Allergies                        |                 | Email                         |                                 |  |

|                         |  |               |  |
|-------------------------|--|---------------|--|
| Attended Nursery School | <input type="checkbox"/> Yes / <input type="checkbox"/> No | How long for? |  |
| Name of School          |  |               |  |

| SIBLINGS [brothers / sisters] |            |     |                               |                                 |        |
|-------------------------------|------------|-----|-------------------------------|---------------------------------|--------|
| No                            | First Name | Age | Male or Female                |                                 | School |
| 1                             |            |     | <input type="checkbox"/> Male | <input type="checkbox"/> Female |        |
| 2                             |            |     | <input type="checkbox"/> Male | <input type="checkbox"/> Female |        |
| 3                             |            |     | <input type="checkbox"/> Male | <input type="checkbox"/> Female |        |
| 4                             |            |     | <input type="checkbox"/> Male | <input type="checkbox"/> Female |        |
| 5                             |            |     | <input type="checkbox"/> Male | <input type="checkbox"/> Female |        |
| 6                             |            |     | <input type="checkbox"/> Male | <input type="checkbox"/> Female |        |

|  |  |   |
|--|--|---|
| Lives in <input type="checkbox"/> Apartment <input type="checkbox"/> Villa | Have Pets <input type="checkbox"/> Yes / <input type="checkbox"/> No | <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Fish <input type="checkbox"/> Birds <input type="checkbox"/> |
| Name/s:  |  |   |

|  |                      |                                  |  |
|--|----------------------|----------------------------------|--|
| Daytime Sleep <input type="checkbox"/> Yes / <input type="checkbox"/> No | Sleeps for how long? | Night – Goes to Sleep at [time]? |  |
|--|----------------------|----------------------------------|--|

|                       |  |  |
|-----------------------|--|--|
| Bottle Fed            | <input type="checkbox"/> Yes / <input type="checkbox"/> No | <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening |
| Is a Reasonable Eater | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Is a Picky Eater <input type="checkbox"/> Yes / <input type="checkbox"/> No                          |
| Eats with the Family  | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Does not Eat <input type="checkbox"/> Yes / <input type="checkbox"/> No                              |

|                   |  |              |
|-------------------|--|--------------|
| Is Toilet Trained | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Words Used - |
|-------------------|--|--------------|

|                             |  |                       |  |
|-----------------------------|--|-----------------------|--|
| Can Feed Himself / Herself  | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Helps put away toys   | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Can Brush His / Her teeth   | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Does share toys       | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Can Wash Hands              | <input type="checkbox"/> Yes / <input type="checkbox"/> No | TV – watches a lot    | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Can Dress Himself / Herself | <input type="checkbox"/> Yes / <input type="checkbox"/> No | I Pad – uses it a lot | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
| Enjoys Swimming / Waterplay | <input type="checkbox"/> Yes / <input type="checkbox"/> No | Likes to Colour in    | <input type="checkbox"/> Yes / <input type="checkbox"/> No |
|                             |  | Likes Painting        | <input type="checkbox"/> Yes / <input type="checkbox"/> No |

## How did you hear about our Centre:

|                                |                                  |                          |                          |
|--------------------------------|----------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Media | <input type="checkbox"/> Friends | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------------|----------------------------------|--------------------------|--------------------------|