

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

Child's First Name		Family Name	
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<input checked="" type="checkbox"/>	Forms to be completed	<input checked="" type="checkbox"/>	CHILD'S Documentation Required
	1 x Registration Form		4 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 Child Unwell Policy		
	1 x Signed Academic Fee Form		

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				Photograph
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

Educore 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"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	Receipt No's:
Remarks						Leaving Date	
Parent Hand Book : Emailed on [date] :							

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

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

.....
Name [Parent / Guardian]

.....
Signature

.....
Date

BUS COLLECTION CONSENT FORM	
<ul style="list-style-type: none"> 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. Children <u>will not</u> be handed over to any unauthorised person. Please note: The Centre must be informed immediately if there are any changes 	
Child's FIRST Name	
Child's FAMILY Name	
Notes / Comments	

Photograph

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
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Passport Photograph </div>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Passport Photograph </div>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> Passport Photograph </div>

.....
Name [Parent / Guardian]

.....
Signature

.....
Date

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					
<p>Consent for EDUCORE Photos</p> <ul style="list-style-type: none"> • Individual Photos <input type="checkbox"/> Yes <input type="checkbox"/> No • Group Photos <input type="checkbox"/> Yes <input type="checkbox"/> No 					
<p>Consent for taking your child's photo</p> <p>I hereby give permission for photos of my child to be taken for art work, activities, field trips and functions which will be displayed in the Classroom and the Centre <u>only</u> and for the class USB stick which parents can purchase at the end of the school year. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>					
<p>Consent for Group Photos</p> <p>I give permission for photographs to be taken of my child participating in group activities which will be distributed via</p> <table border="1"> <tbody> <tr> <td> <ul style="list-style-type: none"> • Centre's Facebook Page and Instagram <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td> <ul style="list-style-type: none"> • Twitter <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> <tr> <td> <ul style="list-style-type: none"> • Centre's Website <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td> <ul style="list-style-type: none"> • Advertising <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </tbody> </table>		<ul style="list-style-type: none"> • Centre's Facebook Page and Instagram <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> • Twitter <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> • Centre's Website <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> • Advertising <input type="checkbox"/> Yes <input type="checkbox"/> No
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<ul style="list-style-type: none"> • Centre's Website <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> • 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

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

website – www.safaalc.ae

SAFA Early Learning Centre



CHILD PROFILE FOR TEACHER			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]?	
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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 -
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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"/>
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