مـــركـز الآغـــا خـــان للتعـــليم المبـكـر، دبـــي
AGA KHAN EARLY LEARNING CENTRE, DUBAI

REGISTRATION FORM

STUDENT INFORMATION:		CHILD'S START DATE:
First Name	Middle Name	Family Name(s)
Date of Birth (DD/MM/Year)	Nationality	Gender ☐ Male ☐ Female
*Please list any allergies or dietary restrictions:		
*Please list any health or medical concerns:		

SESSIONS REQUIRED: (Please tick as appropriate)

☐ 8am – 12pm* *FS1 class finish at 1 pm	☐ 8am – 3pm	☐ 8am – 5pm	☐ 7am – 8pm (Early Drop off)

DAYS REQUIRED: (Please tick as appropriate)

☐ Sunday	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday

PARENTS' INFORMATION:

Father's Details:

First Name	Middle Name	Family Name(s)
Nationality	Occupation	Company
Mobile Number	Home Number	Work Number
Email	P.O. Box	Residential Area

Mother's Details:

First Name	Middle Name	Family Name(s)
Nationality	Occupation	Company
Mobile Number	Home Number	Work Number
Email	P.O. Box	Residential Area

RELATIONSHIP OF PARENTS:

☐ Living together	☐ Separated	☐ Divorced	☐ Widowed

EMERGENCY CONTACT DETAILS: ***In case of emergency and parents cannot be contacted***

Emergency Contact Name #1	Emergency Contact Number #1
Emergency Contact Name #2	Emergency Contact Number #2

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APPLICATION PROCESS:

Please fill out the Registration Form completely and submit to AKELC with a non-refundable admissions fee.

Upon receipt of a positive placement offer, you will be required to provide the following in order to confirm the placement:

- ☐ 2 recent passport-sized photos (with child's name on the back)
- ☐ Copy of Child's birth certificate (legally attested and translated, if not in English or Arabic)
- ☐ Copy of Child's Immunization Records
- ☐ Copy of Child's Emirates ID (front and back)
- ☐ Copy of Mother's, Father's and Child's Passport
- ☐ Copy of Mother's, Father's and Child's Residency Visa
- ☐ Copy of photo identification of Authorized Person(s)

PERMISSION AND CONSENT:

- I hereby give permission for my child to participate in outings organized by AKELC.
- In the event of an emergency, on or off premises, every effort will be made to contact the parent/guardian.
  If the staff are unable to make contact, I hereby give permission for my child to be treated at the Centre or be taken to the nearest medical facility for treatment.
- In the event of injury to my child or damage to the property of my child, I will not hold the centre or its staff responsible.
- I hereby give permission to AKELC staff to photograph, film and videotape my child for general record keeping, programmatic activities, marketing and educational purposes.
- I understand that practicum/work experience students and volunteers may help in the programme and will be interacting with my child (all volunteers and students will have orientation and will be supervised).
- I acknowledge and agree that the centre has the right to change or amend its operating policies and procedures at any time.
- As per the Fee Policy, fees are still due if your child is absent due to illness or on family vacation to ensure your child's continuous enrolment
- I have read and understood the fee schedule and AKELC fee policies. I understand that I am responsible for paying all fees according to these conditions. **I understand that once fees are paid they are subject to the fee policy terms and conditions**.

Please notify the Centre immediately of any changes to your address, phone number or email

DECLARATION:

I, parent/guardian of _____, hereby declare that I have gone through the above information and agree to abide by it. I declare that the information provided is true and has been offered voluntarily. I hereby authorise the transfer of this information to the AKELC Electronic Database.

Name: _____ Signature: _____ Date: _____

If you have any queries or concerns that have not been covered here, please do not hesitate to contact us on **04 336 7676** between 8:00 am and 5:00 pm. We look forward to welcoming you and your child to the AKELC.

FOR MEMBERS OF THE ISMAILI COMMUNITY:

I, parent/ guardian of _____, hereby give permission for my child's enrolment information to be shared with the Ismaili Community Database.

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MEDICAL AND AUTHORISATION FORMS

CHILD'S PROFILE

Child's Full Name:	Date of Birth:
Is your child: ☐ In diapers ☐ Being potty-trained ☐ Already potty-trained	Is your child still on a bottle? ☐ Yes, my child bottle feeds ☐ No, my child does not bottle feed
How much time per day does your child have screen time (TV, ipads, mobile phones, etc.)?	Minutes or hours:
Please give us details on their toileting habits, routines and words you/they use.	
If you child is staying for our afternoon programme, do you expect your child to sleep while at the Centre? If so, please state for how long.	☐ Yes, my child naps ☐ No, my child does not nap _____minutes/hour(s) to nap at AKELC
Special instructions concerning care giving routines:	
Do you have any concerns about your child's development or behaviour?	
Is there anything else you would like to tell us about your child?	

AUTHORISED PICK-UP FORM

AKELC will not release your child to anyone <u>without your prior authorisation</u>. This form should be filled out in the event that other people are responsible for collection during pick-up time.

I/We authorise the following people (in addition to Parent/Guardian) to pick up my child and/or be contacted in case of emergency.

Full Name	Relationship to Child	Phone Number
Full Name	Relationship to Child	Phone Number
Full Name	Relationship to Child	Phone Number
Parent/Guardian signature		Date
Parent/Guardian signature		Date

Please provide photo identification of the Authorised Person(s) and any nannies/house staff.
Please provide in writing any additions or deletions to the above list of Authorised Person(s).

HEALTH INFORMATION	
Dear Parents, To ensure that we can support and care for your child while (s)he is at AKELC, it's important that we are informed of their medical history. All the information that you share with AKELC will be kept in strictest confidence.	
Health insurance company and policy number:	
Family Doctor:	Hospital/Clinic:
Contact Information:	Blood Type:

PRESENT HISTORY	
Please list any allergies or history of allergies:	
Does your child need an EPIPEN?	☐ Yes, my child needs an EPIPEN ☐ No, my child does not need an EPIPEN
Please list any dietary restrictions:	
Please list any daily prescribed medication your child may take:	
Has your child's vision been checked?	☐ Yes, my child's vision has been checked ☐ No, my child's vision has not been checked
Has your child's hearing been checked?	☐ Yes, my child's hearing has been checked ☐ No, my child's hearing has not been checked
Does your child have any vision or hearing difficulties? Please describe:	

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CONSENT FOR EMERGENCY TREATMENT

In the event that my child requires emergency treatment, I will be contacted and informed about the emergency and also, if my child will be taken to the doctor or hospital.
If the AKELC is unable to contact me, my child will be taken to a doctor or hospital for diagnosis and treatment. Efforts to contact me will continue.

I consent to my child being taken to a doctor or hospital in the event of a medical emergency.

Parent/Guardian Name/Signature: _____

Date: _____

CONSENT FOR ADMINISTRATION OF MEDICATIONS

In the event that my child develops a fever, pain and/or allergy, or (s)he has injured him/herself, it may be necessary to administer some medication or treatment. No other medications other than identified below and those prescribed by a doctor or with parent's written consent will be administered.

I have read and understood the list of medications or solutions used at AKELC.
This is to authorise the Nurse to administer the appropriate medications for the various situations.

Name of Medication	Age	Dose	Indication
Calpol/Adol 120mg/5ml	1-4 years	As directed on packaging	Pain, Fever
Fenistil Drops	1-4 years	As directed on packaging	Allergy, Insect bite
Arnical Gel	All	As directed on packaging	Mild bruising/sprain
Natural tears/Eye wash	All	As directed on packaging	Sand/dirt in eye

I consent to my child being given any of the aforementioned, should it be considered necessary by the Nurse.

Parent/Guardian Name/Signature: _____

Date: _____

CONSENT FOR MEDICAL EXAMINATIONS

AKELC has a visiting doctor who sees the children at AKELC on a twice monthly basis as the Dubai Health Authority (DHA) requires medical examinations of students in nurseries.

The process of medical examination is to screen all body systems, including examination of chest, heart, abdomen, skin, eyes, ears, throat, musculoskeletal, nervous system and assessment of growth and mental development. The Nurse will be present for the duration of all examinations. Any findings requiring additional follow-up or referrals will be promptly reported to the parents.

I, Parent/Guardian name/signature: _____

☐ **Give Consent** ☐ **Do not give consent**

for my child, _____, to be examined by the Nursery Doctor.

Date: _____

CHILD'S MEDICAL HISTORY	
Child's Full Name	Date of Birth (DD/MM/Year)
Nationality	Gender ☐ Male ☐ Female
Father's Full Name	Father's Mobile Number
Mother's Full Name	Mother's Mobile Number

Please tick Yes or No
If yes, specify Month/Year of Illness:

Infectious Disease	Yes	No	Non-Infectious Disease	Yes	No
Diphtheria			Accidents		
Dysentery			Allergies		
Infective Hepatitis			Bronchial Asthma		
Measles			Congenital Heart Disease		
Mumps			Diabetes Mellitus		
Poliomyelitis			Epilepsy		
Rubella			G6PD (Glucose6-phosphate dehydrogenase deficiency)		
Scarlet Fever			Rheumatic Fever		
Tuberculosis			Surgical Operation		
Whooping Cough			Thalassemia		
Chicken Pox					

If yes, write the year of illness

History of: Blood transfusion ☐ No ☐ Yes; Frequency: _____

Hospitalization ☐ No ☐ Yes Reason _____ Date: _____

Family History:

☐ Diabetes ☐ Hypertension ☐ Mental Disorders ☐ Stroke ☐ Tuberculosis

☐ Other, specify _____

Please fill out the above form as this is required by the Dubai Health Authority.