



## REGISTRATION FORM

Date:				
Student's Name:		First:	Middle:	Last:
Date of Birth: / /		Current Age:		Nationality:
		Years	Months	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Primary (First) Language:			Second Language:	
Does your child understand and speak English?				

### PARENT INFORMATION

Fathers Name:		Mothers Name:	
Nationality:		Nationality:	
Occupation:		Occupation:	
Employer:		Employer:	

### CONTACT INFORMATION

**(Please note: the majority of Inspire Children's Nursery correspondence will be sent via email)**

Home Telephone:	
Fathers Mobile:	Mothers Mobile:
Fathers Office Telephone:	Mothers Office Telephone:
Fathers Email:	Mothers Email:
Street Address:	
P.O. Box:	
City:	

#### EMERGENCY CONTACT

Name:
Mobile:
Relationship to Family:

### ENROLLMENT PREFERENCES

Enrollment Term:	<input type="checkbox"/> Fall (September) 2011	<input type="checkbox"/> Winter (January) 2012	<input type="checkbox"/> Spring (April) 2012	<input type="checkbox"/> Fall (September) 2012
Enrollment Days: (Please make a selection)				
3 days per week (Up to 2 years only)	Preferred days: <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	<input type="checkbox"/> 7.30am – 12pm <input type="checkbox"/> 7.30am – 2pm <input type="checkbox"/> 7.30am – 5pm	



5 days per week		<input type="checkbox"/> 7.30am – 12pm <input type="checkbox"/> 7.30am – 2pm <input type="checkbox"/> 7.30am – 5pm <input type="checkbox"/> 7.30am – 6pm	
Would you like your child to partake in swimming and other pool related activities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child have any special needs or health concerns that staff ought to be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please provide details and documentation:			
How did you hear about Inspire Children's Nursery? <input type="checkbox"/> Saw an advertisement Where? _____ <input type="checkbox"/> Was referred through someone I know Whom? _____ <input type="checkbox"/> Was referred by a member of Inspire Children's Nursery staff Name: _____ <input type="checkbox"/> Other Please provide details: _____			
Signature of Parent:			
<b>Please submit this form to Inspire Children's Nursery with a 500 Dhs Application Fee</b>			
<b>Thank you</b>			