



Al Imam Daycare site

Home page

Child Needs Form

| Nursery | | |
|-----------------------------------|---------|---|
| Type: | Number: | Notes: |
| Underwear | 3 | - |
| Clothes | 2 | - |
| Spare pants | 2 | According to the child's use and need during toilet training |
| Face towel | 1 | Small size, you will receive the towel on Thursday and give it back on Sunday |
| Body towel | 1 | - |
| Children diapers | Pack | According to the child's use and need, and it is brought on Sunday |
| Plastic bib | 2 | Child's size |
| Blanket | 1 | you will receive the blanket on Thursday and give it back on Sunday |
| Bed sheet | 2 | you will receive the bed sheet on Thursday and give it back on Sunday |
| Plastic tablecloth | 1 | Medium size |
| Plastic plate, spoon and fork | 3 | Medium size |
| Creams & powder for children | 1 | According to the child's use and need |
| Liquid Soap | 1 | Another one is brought after it is finished |
| Paper, wet paper and roll tissues | 3 | Big size |
| Water | 1 | According to the child's use and need |



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| Kindergarten | |
|--------------|--|
| 1 | Spare underwear and outerwear |
| 2 | Commitment to the official clothes of the kindergarten |

- Make sure to write the child's full name on all of his things
- For your child's safety, wrap their sandwich with aluminum paper or wax paper



Al Imam Daycare site

Register page

Don't share your information with anyone



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Register page

Inter your and kid information carefully

1.

| | | | |
|---------------|-----|--------|-------------|
| Kid full name | Age | Gender | Nationality |
|---------------|-----|--------|-------------|
2.

| |
|-------------------|
| ID / Iqama Number |
|-------------------|
3.

| | |
|-------------------|----------------|
| Kid Date of Birth | place of birth |
|-------------------|----------------|
4.

| | |
|-------------|--------------|
| Father Name | Phone number |
|-------------|--------------|
5.

| | | |
|------------|--|-------|
| Father Job | Student <input type="radio"/> Teacher <input type="radio"/> employee <input type="radio"/> | other |
|------------|--|-------|
6.

| | |
|-------------|--------------|
| Mother Name | Phone number |
|-------------|--------------|
7.

| | | |
|------------|--|-------|
| Mother Job | Student <input type="radio"/> Teacher <input type="radio"/> employee <input type="radio"/> | other |
|------------|--|-------|

Next



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Register page

Inter your and kid information carefully

8.

| | | |
|---------------------|------|-------|
| People who can call | Name | Phone |
|---------------------|------|-------|

9.

| | |
|---------------|---------------|
| Parents state | Who live with |
|---------------|---------------|

10.

| |
|--------------------|
| Where the kid live |
|--------------------|

11.

| | |
|------------------|----------------------------------|
| Number of family | Number of kid between his family |
|------------------|----------------------------------|

12.

| |
|--------------------|
| Kid favorite foods |
|--------------------|

13.

| | | |
|--|------|-------|
| Who bring and take the kid Father <input type="radio"/> Mother <input type="radio"/> Other <input type="radio"/> | Name | Phone |
|--|------|-------|

14.

| |
|---|
| Does the kid depend on himself to use bathroom Yes <input type="radio"/> No <input type="radio"/> |
|---|

Next



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Inter your and kid information carefully

15. Does the kid love to interaction Yes ☐ No ☐

16. Does the kid have chronic disease Yes ☐ No ☐ What is it

17. Does the kid have language difficulties Yes ☐ No ☐ What is it

18. Does the kid have Health problems Yes ☐ No ☐ What is it

19. Does the kid have sleep problems Yes ☐ No ☐

Name of the person who filled the information

Relative relation

Date

[Go to Final Result page](#)



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Register page

The Final Result. P mean pass , F mean Failure

| Kid name | age |
|----------|-----|
|----------|-----|

| Interview passing |
|-------------------|
|-------------------|

| | |
|---------------|-----------|
| Employee name | Signature |
|---------------|-----------|

| Registration papers |
|---------------------|
|---------------------|

| | |
|---------------|-----------|
| Employee name | Signature |
|---------------|-----------|

| Pass a medical examination |
|----------------------------|
|----------------------------|

| | |
|---------------|-----------|
| Employee name | Signature |
|---------------|-----------|

| payment |
|---------|
|---------|

| | |
|---------------|-----------|
| Employee name | Signature |
|---------------|-----------|

Done



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Login page

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Support page

Contact us if there any problem we are delighted to help you all



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