



Al Imam Daycare site

Home page

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

Child Needs Form:



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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

- | | | | |
|---------------|-----|--------|-------------|
| Kid full name | Age | Gender | Nationality |
|---------------|-----|--------|-------------|
- | |
|-------------------|
| ID / Iqama Number |
|-------------------|
- | | |
|-------------------|----------------|
| Kid Date of Birth | place of birth |
|-------------------|----------------|
- | | |
|-------------|--------------|
| Father Name | Phone number |
|-------------|--------------|
- | | | |
|------------|--|-------|
| Father Job | Student <input type="radio"/> Teacher <input type="radio"/> employee <input type="radio"/> | other |
|------------|--|-------|
- | | |
|-------------|--------------|
| Mother Name | Phone number |
|-------------|--------------|
- | | | |
|------------|--|-------|
| Mother Job | Student <input type="radio"/> Teacher <input type="radio"/> employee <input type="radio"/> | other |
|------------|--|-------|

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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
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14.

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

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Inter your and kid information carefully

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

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

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

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

19. Dose 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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The Final Result. P mean pass , F mean Failure

Kid name

age

Interview passing

Employee name

Signature

Pass a medical examination

Employee name

Signature

Registration papers

Employee name

Signature

payment

Employee name

Signature

Done



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