**Registration Form 2015/2016**

**Please complete this registration form in full and ensure that all information is accurate and correct. We will not be able to accept your child until we have all the completed documents. If you have any questions completing these forms please do not hesitate to contact us.**

Estimated start date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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Preferred # of days: *(please tick)*  Preferred days: *(please tick)*

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| **Childs Details** | | | | |
| Child’s First Name: | Child’s Middle Name: | | | Child’s Family Name: |
| Date of Birth: | Gender: | | | Nationality: |
| First Language: | Languages Spoken: | | | Position in Family: |
| **Parents Details** | | | | |
| Father’s Name: | Father’s Occupation: | | | Father’s Email Address: |
| Mother’s Name: | Mother’s Occupation: | | | Mother’s Email Address: |
| **Contact Details** | | | | |
| Father’s Mobile: | | | Mother’s Mobile: | |
| Home Telephone Number: | | | Alternative Telephone Number: | |
| **Address** | | | | |
| House name/Number:  Address: | | | | |
| **Next of Kin** | | | | |
| Name of Next of Kin: | | | Telephone Number: | |
| **Permission to take Photographs** | | | | |
| During the academic year we take photographs of the children to be used in IMN Learning Journals and for our parent password protected website. We also video the child for observation purposes. Photographs and videos are deleted as per Data Protection Policy.  I (please circle) **do/do not** wish for photographs to be taken of my child. | | | | |
| Signature of Parent: | | Date: | | |

**Student Health Form (2015-2016)**

In order to give your child the best possible school health and emergency care, please complete this form carefully.

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| **Childs Details** | | |
| Child’s First Name: | Child’s Middle Name: | Child’s Family Name: |
| Date of Birth: | Gender: | Nationality: |
| **Parents Details** | | |
| Father’s Name: | Mother’s Name: | Emergency Contact Name: |
| Mobile Number: | Mobile Number: | Mobile Number: |

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| **Student Health History** | | | |
| Does your child have any of the following? If yes please supply details such as specific diagnosis and current treatment. For allergies, specify allergies and note severity of allergies? | | | |
| **Health Problems** | **Y** | **N** | **Details** |
| Allergies - nuts, fruits, dairy, grass, etc. |  |  |  |
| Asthma |  |  |  |
| Seizures/Epilepsy |  |  |  |
| Diabetes |  |  |  |
| Frequent infections |  |  |  |
| Hearing difficulties |  |  |  |
| Vision problems (glasses) |  |  |  |
| Other health problems |  |  |  |
| **Please inform us of any circumstances which may affect your child’s schooling e.g. physical disability, learning disability, behavourial problems, dyslexia, disrupted schooling.** | | | |
| Details – If applicable please attach any reports | | | |

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| **All children must be toilet trained by three years of age** | | | | | | | | | | |
| Is your child fully toilet trained for KG1/KG2 | | | Yes | | | | No | | | |
| **Please describe any past or present serious illness, physical or emotional problems** | | | | | | | | | | |
| Details: | | | | | | | | | | |
| **Is your child on regular medication? If so, please list:** | | | | | | | | | | |
| Medicine | | Dosage | | | Time | | | | | |
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| **Consent to Administer Non-Prescribed Medicine** | | | | | | | | | | |
| I request and authorise that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be given the appropriate non-prescribed medicine in the following cases: | | | | | | | | | | |
| Administration of Calpol/Tylenol to control moderate pain and fever | | | | | | | | Yes | | No |
| Application of ointments for insect bites, minor wounds etc | | | | | | | | Yes | | No |
| If applicable administration of Epinephrine in acute allergic reactions (Anaphylactic shock). (If your child has an Epi-pen this must be provided by the parents) | | | | | | | | Yes | | No |
| If your child is an asthmatic please provide his/her Inhaler. We require your permission to administer said inhaler to control mild asthma symptoms | | | | | | | | Yes | | No |
| **Consent to Administer Prescribed Medicine –** only applicable when medication has been prescribed | | | | | | | | | | |
| I request and authorise that my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be given the appropriate prescribed medicine in the following cases: | | | | | | | | | | |
| Name of Medicine: | Time of Dose: | | | Dose: | | Start Date: | | | Finish Date: | |
| Reason for Medication: | Prescribed by - Name of Physician: | | | Hospital: | | Telephone Number: | | |  | |
| **I have confirmed that it is necessary to give this medication during the school day. Please provide a photocopy of the original prescription.**  (The medication must be in the original container indicating the contents, dosage and child’s full name. If there are any additional medical concerns, after the completion of this form, please notify the school nurse) | | | | | | | | | | |
| Signature of Parent: | | | Date: | | | | | | | |

**Permit for Collection of Child Form**

This form is to inform you that the following person/s are given my permission to collect my child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from International Montessori Nursery until further notice and under my responsibility.

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| **Full Name** | **Relationship/Position** | **ID/Passport Number** | **Contact Telephone Number** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| Signature of Parent: | | Date: | |

**Please attach copies of identification of the above people**

**IMN Terms and Conditions**

Dear Parents

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| In order to alleviate any queries with regard to registration, and/or tuition fees, kindly note the following terms and conditions applicable to your child’s enrollment into International Montessori Nursery. **This letter must be signed and returned to IMN together with your Registration Fee.** |

**Drop Off**: Drop off is from 07:30 am and we kindly request that children are brought to the nursery on time and no later than 08:30. This will enable your child to have advantage of the activities offered to him/her. If your child arrives later than 09:30 he/she will not be allowed into the nursery without prior approval.

**Pick-Up**: Children must be picked up at scheduled times. A late pick-up fee of 25 AED for every 15 minutes will be **strictly adhered to**.

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| **Waiting List Fee:** You will only be placed on our waiting list once IMN have received 500 AED. This fee is **neither refundable nor transferable**. Once you have been offered a place the waiting list fee will be credited against your Registration Fee. |
| **Registration Fee**: A Registration Fee of 2,000 AED is **neither refundable nor transferable**. This fee secures your child’s placement and is payable immediately. |
| **Tuition Fees** are paid in three installments. Installments 1 and 2 together account for 50% of the annual fee. Installment 3, is the remaining 50% of the annual fee, and is due half way through the academic year. |
| **Installment 1** for returning and new studentsis required in advance to secure your child's place for the forthcoming academic year. This is **neither refundable nor transferable** if you choose to withdraw your child from the nursery. This is payable by, Monday 1st June 2015. |
| **Installment 2** is due in the first week of Term 1, by Thursday 10th September 2015. |
| **Installment 3** is due in the middle of the academic year, by Monday 1st February 2016. |
| **Payment**: Tuition fees are payable either: annually or in three installments. When offered a place at IMN you are committing to fulfill your obligation to ensure all three installments are paid for. **Tuition fees are** **not refundable**. IMN offers three forms of payment: |
| **1. Direct Transfer**: Bank Details: National Bank of Abu Dhabi/Arabian Gulf Branch, Account Name: International Montessori Nursery, Account Number: 0157373198, Swift Code: NBADAEAAAGO, IBAN NO.: AE820350000000157373198 |

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| **2. Cash**: Payable to the Administrator.   |  | | --- | | **3. Cheques**: Must be written out to **International Montessori Nursery**. We accept post-dated cheques, for the second and third installments. Cheques must be in UAE dirhams only.  Please note that there is a late penalty fee of 25 dirhams for every day that the fees are overdue. A grace period will be given for **one week only** with the applicable late charges. If fees have still not been paid, your child’s place will be withdrawn.  In the event of a dishonoured cheque a bank fee of 100 dirhams for each returned cheque will incur. In addition late penalty fees will be levied beyond the due date. |   **Late Entry**: If a child joins during the term, and a place has been reserved for the child from the beginning of the term, **then the full tuition fees for the term are payable without exceptions.** If a child joins during a term and no place has been reserved the fees will be calculated on pro-rata basis, but the registration fees will remain the same.  **Child Withdrawal**: If a child withdraws **at any time,** or does not join the nursery, the registration fees are not refundable. The notice period to withdraw your child is **ONE FULL TERM** which shall be in writing.  IMN reserves the right to:   * withhold any school assessments until all outstanding installments have been settled * refuse re-admission unless all previous outstanding balances have been settled and if installments are not paid in the manner stated herein * make any changes and exceptions to its Fee Policy at its discretion at any time   **Illness**: IMN **refuses** to accept any child brought to the Nursery showing clear signs of fever, runny noses, coughs, conjunctivitis or any other viral infections. The child must be kept at home if there are any signs or symptoms of illness. Please refer to the parent handbook.  **Communication**: All communication from Administration will be sent to you via e-mail. It is **your responsibility** to check your e-mails and ensure that administration is informed of any change to your e-mail address. Communication with teaching staff is detailed in your Parent Handbook which will be issued to you upon receipt of Registration Fee.  **Transportation**: IMN does not provide transportation.  **Special Needs:** International Montessori Nursery offers places to children who have special/additional needs. The parents must bring with them the report from the child’s Doctor/Psychologist. If concerns are raised during the child’s time with us, we may recommend that you have your child assessed by a professional child psychologist. The **child will remain out of the nursery** until this assessment has been made. We would then like to work in conjunction with the psychologist to ensure that the child’s needs are catered for.  **Declaration**  We have read and accept these terms and conditions. We confirm that all the information in the admissions process is true and accurate, and we agree that in the event that the information provided is incorrect or inaccurate, the Nursery reserves the right to take necessary action, including cancellation of admission. We shall keep IMN updated of any changes in the information relating to our child or to ourselves at all times.  We agree to fully abide by all of IMN’s policies in support of our child’s well-being, including the tuition fee.  We understand that IMN may change their fee policy at any time at their discretion.  Please be aware that we will not be able to accept your child until we have the complete documents. It is the parental responsibility to keep legal paperwork updated and current in administration.  We, the parents of the below mentioned child hereby accept IMN’s terms and conditions.  Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Tuition Fees for Academic Year 2015/2016** | | | | | | |
|  | **5 days** | **4 days** | **3 days** | **Payment** |
|  | **per week** | **per week** | **per week** | **Due Dates** |
| Term 1 Autumn 2015 | 14,667 | 13,667 | 11,000 |  |
| Term 2 Spring 2016 | 14,667 | 13,667 | 11,000 |  |
| Term 3 Summer 2016 | 14,666 | 13,666 | 11,000 |  |
| **Yearly total** | **44,000** | **41,000** | **33,000** |  |
| Instalment 1 | 5,500 | 5,125 | 4,125 | **Monday 1st June 2015** |
| Instalment 2 | 16,500 | 15,375 | 12,375 | **Thursday 10th September 2015** |
| Instalment 3 | 22,000 | 20,500 | 16,500 | **Monday 1st February 2016** |
| **Yearly total** | **44,000** | **41,000** | **33,000** |  |
| **Waiting List Fee:** You will only be placed on our waiting list once IMN have received 500 AED. The waiting list fee is **neither refundable not transferable**. Once you have been offered a place the waiting list fee will be credited against your Registration Fee. | | | | |
| **Registration Fees**: A Registration Fee of 2,000 AED is **neither refundable nor transferable**. This fee secures your child’s placement and is payable within one week of placement offer. | | | | |
| **Tuition Fees** are paid in three instalments. Instalment 1 & 2 accounts for 50% of the annual fee. Instalment 3, is the remaining 50% of the annual fee, and is due half way through the academic year. | | | | |

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| **Instalment 1 for returning and new students** is required in advance to secure your child's place for the forthcoming academic year. This is **non-refundable nor transferable** if you choose to withdraw your child from the nursery. This is payable by, **Monday 1st June 2015**. |
| **Tuition Fees for Academic Year 2015/2016**  **Instalment 2** is due in the first week of Term 1, by **Thursday 10th September 2015**. |
| **Instalment 3** is due in the middle of the academic year, by **Monday 1st February 2016**.  **Payment**: Tuition fees are payable either: annually or in three instalments. When offered a place at IMN you are committing to fulfill your obligation to ensure all three instalments are paid for. IMN offers three forms of payment:  **1. Direct Transfer**: Bank Details: National Bank of Abu Dhabi/Arabian Gulf Branch, Account Name: International Montessori Nursery, Account Number: 0157373198, Swift Code: NBADAEAAAGO, IBAN NO.: AE820350000000157373198  **2. Cash**: Payable to the Administrator.  **3. Cheques**: Must be written out to **International Montessori Nursery**. We accept post-dated cheques, for the second and third instalments. Cheques must be in UAE dirhams only.  Please note that there is a late penalty fee of 25 AED for every day that the fees are overdue. A grace period will be given for one week only with the applicable late charges. If fees have still not been paid, your child will lose their place.  In the advent of a dishonoured cheque, a bank fee of 100 AED for each returned cheque will incur. In addition late penalty fees will be levied beyond the due date. |