



evolution
childcare[®]
Children s Day Nurseries

Childcare
Registration form
BAHRAIN

Child Name:

Child ID :

Childcare Registration form



HELP AND ADVICE

Please ensure this form is completed in full. When completing the childcare registration form, you are providing us with important information, therefore please ensure that this information is accurate and correct. If you have any difficulty completing the registration form please contact the Nursery Manager who will be happy to assist you.

NURSERY DETAILS

Which nursery do you require?

Evolution Childcare

Evolution Childcare @ ADLIYA

How did you hear about us?

Word of Mouth

Media Article

Direct Mail

Other

Drive Past

Google

Recommended By A Friend / Family

Minimum Booking Pattern (TICK BELOW)

The booking pattern options are:

5 Days

3 Days

NURSERY TIMING & FEE

ADLIYA

FULL DAY (DAY): 7.30 am - 12.30 pm
Aftercare
Until 1:00 - BD 100 per term
Until 2:00 - BD 150 per term
Until 3:00 - BD 200 per term
Until 4:00 - BD 250 per term

Early Drop Off

Early Drop Off: 6.30 am - 07.25 pm
Early Bird
6:30 - BD 50 per term
7:00 - BD 30 per term

PARENT 1 DETAILS

Name

Title (please tick one): Mr. Ms Miss Mrs.

First Name: _____ Middle Name: _____

Last Name: _____

Address

House Name / Number: _____

Address: _____

Town / City: _____

Country: _____ PO Box: _____

Telephone

(Emergency Contact 1)

Mobile:

Home:

Work:

Email

Personal: _____

Work: _____

Relationship to child (please tick one)

Mum Dad Other _____

Child Security

Do you have parental responsibility for this child (please tick one): Yes No

**Collection Password:

PARENT 1 DETAILS

Your Age

- Under 25
- 26 to 30
- 31 to 40
- 41 to 50
- 50 and over

Employment Type

- Employee
- Self Employed
- House-wife
- Student

Employer Details

Company Name:

Address 1:

Address 2:

Address 3:

Town / City:

Country: PO Box:

PARENT 2 DETAILS

Name

Title (please tick one) : Mr. Ms Miss Mrs.

First Name: _____ Middle Name: _____

Last Name: _____

Address

House Name / Number: _____

Address 1: _____

Town / City: _____

Country: _____ PO Box: _____

EMERGENCY CONTACT 3

Name

First Name: _____ Last Name: _____

Telephone

Mobile:

Home:

Work:

Relationship to child (please tick one)

Mum	<input type="checkbox"/>	Aunty	<input type="checkbox"/>	Sister	<input type="checkbox"/>	Career	<input type="checkbox"/>
Dad	<input type="checkbox"/>	Uncle	<input type="checkbox"/>	Brother	<input type="checkbox"/>	Foster Career	<input type="checkbox"/>
Grand Parent	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Family Friend	<input type="checkbox"/>	Other	<input type="checkbox"/>

EMERGENCY CONTACT 4

Name

First Name: _____ Last Name: _____

Telephone

Mobile:

Home:

Work:

Relationship to child (please tick one)

Mum	<input type="checkbox"/>	Aunty	<input type="checkbox"/>	Sister	<input type="checkbox"/>	Career	<input type="checkbox"/>
Dad	<input type="checkbox"/>	Uncle	<input type="checkbox"/>	Brother	<input type="checkbox"/>	Foster Career	<input type="checkbox"/>
Grand Parent	<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Family Friend	<input type="checkbox"/>	Other	<input type="checkbox"/>

MEDICAL RECORD

Child Illnesses and Immunisations Record

	Illness	Immunised
Chicken Pox:	<input type="checkbox"/>	<input type="checkbox"/>
Diphtheria:	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A:	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B:	<input type="checkbox"/>	<input type="checkbox"/>
Polio 2 Months:	<input type="checkbox"/>	<input type="checkbox"/>
Polio 4 Months:	<input type="checkbox"/>	<input type="checkbox"/>
Polio 6 Months:	<input type="checkbox"/>	<input type="checkbox"/>
Measles:	<input type="checkbox"/>	<input type="checkbox"/>
Meningitis C:	<input type="checkbox"/>	<input type="checkbox"/>
Mumps:	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia:	<input type="checkbox"/>	<input type="checkbox"/>
Rubella:	<input type="checkbox"/>	<input type="checkbox"/>
Scarlet Fever:	<input type="checkbox"/>	<input type="checkbox"/>
Tetanus:	<input type="checkbox"/>	<input type="checkbox"/>
Whooping Cough:	<input type="checkbox"/>	<input type="checkbox"/>
Has Your Child Experienced	Yes	No
Visual Impairment:	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory Problems:	<input type="checkbox"/>	<input type="checkbox"/>
Regular Medication:	<input type="checkbox"/>	<input type="checkbox"/>

Other Health Problems

Allergies

Special Dietary Requirements

Nurse Details

Name: _____

Telephone:

Surgery Name: _____

Address 1: _____

Address 2: _____

Town / City: _____

Country: _____

PO Box: _____

Doctor's Details

Name: _____

Telephone:

Surgery Name: _____

Address 1: _____

Address 2: _____

Town / City: _____

Country: _____

PO Box: _____

AGREEMENT AND CONSENT

Permissions and Consents

Medical	Yes	No
Panadol Infant	<input type="checkbox"/>	<input type="checkbox"/>
Administer Panadol Infant	<input type="checkbox"/>	<input type="checkbox"/>
Authorise Emergency Treatment:	<input type="checkbox"/>	<input type="checkbox"/>
Authorise Insect Bite Treatment:	<input type="checkbox"/>	<input type="checkbox"/>
Authorise Teething Gel:	<input type="checkbox"/>	<input type="checkbox"/>
Administer First Aid:	<input type="checkbox"/>	<input type="checkbox"/>
Apply Nappy Cream:	<input type="checkbox"/>	<input type="checkbox"/>
Pets and Outings	Yes	No
Care for Nursery Pets:	<input type="checkbox"/>	<input type="checkbox"/>
Off Premises Visits:	<input type="checkbox"/>	<input type="checkbox"/>
Online and Media	Yes	No
Photographs:	<input type="checkbox"/>	<input type="checkbox"/>
Website:	<input type="checkbox"/>	<input type="checkbox"/>
Social Media:	<input type="checkbox"/>	<input type="checkbox"/>
Additional Permissions	Yes	No
Child Observations:	<input type="checkbox"/>	<input type="checkbox"/>

Information Security

You agree to Evolution Childcare electronically recording and storing this information. All information is secure and will be encrypted using 256-bit encryption technology when recorded online.

Accurate Information

You confirm that the information you have provided is both complete and accurate and you understand that the giving of false information could invalidate your childcare contract terms and conditions.

Policies and Procedures

I have received a copy of the Nursery policies and procedures and fully comprehend the permissions authorised.

Confirmation and Signature

I confirm I have read the terms and conditions of the Nursery and agree to comply with them and any updated regulations and instructions where necessary.

Parent 1 Signature: _____

Date:

Parent 2 Signature: _____

Date:

Nursery Manager Signature: _____

Date:

Thank You for confirming your details.

Please note that all places are subject to availability.



Children's Day Nurseries

"Supporting Parents Nurturing Children"

REGISTRATION FORM CHECKLIST (OFFICE USE ONLY)

Finance	Yes	No	Comments
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Your first invoice raised:	<input type="checkbox"/>	<input type="checkbox"/>	
Your first invoice paid in full:	<input type="checkbox"/>	<input type="checkbox"/>	

Medical Record	Yes	No	Comments
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Illnesses and Immunisations recorded:	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies recorded:	<input type="checkbox"/>	<input type="checkbox"/>	
Special dietary requirements recorded:	<input type="checkbox"/>	<input type="checkbox"/>	
Other Known Medical Conditions recorded:	<input type="checkbox"/>	<input type="checkbox"/>	

Registration	Yes	No	Comments
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Registration details complete:	<input type="checkbox"/>	<input type="checkbox"/>	
Booking pattern complete:	<input type="checkbox"/>	<input type="checkbox"/>	
Registration form signed and consent given by Parent:	<input type="checkbox"/>	<input type="checkbox"/>	
Registration fee of BD 100 paid in full:	<input type="checkbox"/>	<input type="checkbox"/>	

Settling In	Yes	No	Comments
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Policies & procedures read and signed:	<input type="checkbox"/>	<input type="checkbox"/>									
Settling in consent forms signed and obtained:	<input type="checkbox"/>	<input type="checkbox"/>									
Settling In Start Date:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>			D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				

Childcare Place Approval	Approved	Waiting List	Declined
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Has a childcare place been offered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Proof of Identity & Medical Record

Two (2) current passport sized photographs of the child:	<input type="checkbox"/>	One (1) copy of the child's birth certificate:	<input type="checkbox"/>
One (1) copies of the child's passport and visa:	<input type="checkbox"/>	One (1) copy of the child's immunization record:	<input type="checkbox"/>
One (1) copies of the father's passport and visa:	<input type="checkbox"/>	One (1) copy of the child's up to date medical record:	<input type="checkbox"/>

Actual Start Date:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								

