

Application Form

1. Child Details

Full legal name (as on passport)

Preferred name

Date of birth

Nationality

Requested start date

Gender

Male Female

Qatar ID

Requested days to attend nursery

Su Mo Tu We Th

Preferred drop-off time

Preferred pick-up time

Fix 2
passport
photos here

2. Medical

List medical issues, allergies, special needs or dietary requirements:

Attach details of any medications or on-going medical treatment we should be aware of

For Office use:

Follow up req'd?: Yes No

Medical plan agreed?: Yes No N/A

Added to WebSatchel?: Yes No N/A

Sign & date (Nurse): _____

Sign & date (SMT): _____

3. Guardians

Father's details

Full name

Employer

Qatar ID

Mobile

Email address

Mother's details

Full name

Employer

Qatar ID

Mobile

Email address

Others authorised to collect your child / emergency contacts

Name

Qatar ID

Mobile

Relationship to child

1.

2.

4. Signature

Full name

الاسم

Signature

التوقيع

Date

تاريخ

Office use only:

- Passport and RP (or ID) of child - copy
 RP (or ID) of Father - copy
 RP (or ID) of Mother - copy

- Immunisation record of child - copy
 Medical issues followed up (if any)
 Signed Fee Form & Consent Form

Actual start date

Agreed hrs/days attending

PID

Consent Form for

Full name of child

1. Emergencies

If I or my authorised contacts cannot be reached then, in the case of an emergency, Acorn Nursery personnel have my full permission to seek emergency medical treatment for my child.

في حال وجود حالة طارئة مع عدم إمكانية الإتصال بولي الأمر أو أحد المخولين ، أعطي موظفي الحضانة الإذن الكامل للحصول على العلاج الطبي الطارئ لطفلي.

Initial one box only

Agree
(yes)

Disagree
(no)

لا أوافق
(لا)

أوافق
(نعم)

مربع واحد مبدئي فقط

2. Photography

I give permission for photographs taken of my child to be published on the nursery website, social media, in the newsletter and other publicity materials created for Acorn Nursery.

أعطي الإذن للحضانة لالتقاط صور فوتوغرافية لطفلي ونشرها على الموقع الإلكتروني الخاصة للحضانة، أو في صفحة التواصل الاجتماعي أو غيرها من مواد الدعاية المخصصة لحضانة أكورن.

Initial one box only

Agree
(yes)

Disagree
(no)

لا أوافق
(لا)

أوافق
(نعم)

مربع واحد مبدئي فقط

3. Visiting Doctor

I give permission for my child to be checked by the visiting doctor, appointed by Acorn Nursery to monitor the wellbeing of our students.

أعطي الإذن لطفلي أن يتم فحصه من قبل الطبيب الزائر، الذي عينته حضانة أكورن لمراقبة صحة و سلامة طلابنا.

Initial one box only

Agree
(yes)

Disagree
(no)

لا أوافق
(لا)

أوافق
(نعم)

مربع واحد مبدئي فقط

4. Undertaking

I hereby undertake and agree that:

- I have full authority to give consent for the above on behalf of the child and his/her legal guardians.
- I have read, fully understood and agree to be bound by the consent decisions I have given, as set out above.

أتعهد بموجب هذا الاتفاق على ما يلي :

- أ لدي السلطة الكاملة لإعطاء الموافقة على ما سبق نيابة عن الطفل وولي أمره.
- ب لقد قرأت وفهمت تماما وأوافق على الالتزام بقرارات الموافقة التي قدمتها، على النحو المبين أعلاه.

Signature block

Full name

الاسم

Qatar ID

البطاقة

Signature

التوقيع

Date

DD / MM / YY

تاريخ

Fee Form for

Full name of child

1. Fee Policy

- The fee schedule is available from Reception or can be downloaded from the website. It is subject to change from time-to-time.
 - A one-off Registration Fee is payable on accepting a place for your child. This fee is non-refundable and non-transferable.
 - Fees are invoiced a full calendar month at a time, and are payable in advance, September to June inclusive. Failure to pay within 10 days of the due date will result in your child's nursery place being withdrawn.
 - The nursery dates are available from Reception or can be downloaded from the website. There will be no reduction in the monthly fee where the nursery is on holiday for part of the month.
 - Parents must notify Reception when a child is absent. Unexplained absences of more than 5 days will result in your child's name being removed from the register and the place given to the next child on the waiting list.
 - Fees are non-refundable. There will be no adjustment of the monthly fee where your child is absent for short periods.
 - Parents are required to provide one month's notice in writing to Reception if they intend to withdraw their child from the nursery. In the absence of such notice, one month's fees shall be payable.
- أ. يتوفر جدول الرسوم لدى قسم الإستقبال كما يمكن تحميله من الموقع حيث أنه قد يخضع للتغيير من حين إلى آخر.
ب. يتم دفع رسم التسجيل لمرة واحدة عند قبول المكان لطفلك. ويكون المبلغ غير قابل للإسترداد أو التحويل.
ج. يتم دفع الرسوم مقدما في بداية كل شهر ميلادي من سبتمبر وحتى يونيو. وفي حال عدم دفع الرسوم خلال عشرة أيام من تاريخ الاستحقاق، فسيتم سحب مكان طفلك في الحضانة.
د. يتوفر جدول إجازات الحضانة لدى قسم الإستقبال كما يمكن تحميله من الموقع. ولن يكون هناك أي تخفيض في الرسوم الشهرية في حال وجود عطلة رسمية لجزء من الشهر.
هـ. يتحتم على أولياء الأمور إبلاغ قسم الإستقبال في حال غياب الطفل. وفي حال وجود غياب غير مبرر لأكثر من 5 أيام، فسيؤدي ذلك إلى شطب إسم الطفل من السجل وإعطاء المكان لطفل آخر على قائمة الانتظار.
و. الرسوم غير قابلة للإسترداد. ولن يكون هناك أي تعديل على الرسوم الشهرية في حال غياب الطفل لفترات قصيرة.
ي. يتحتم على أولياء الأمور إخطار قسم الإستقبال خطياً في حال سحب الطفل من الحضانة وذلك قبل شهر على الأقل. وفي حال عدم الإخطار بذلك فسيوجب دفع رسم شهر كامل.

2. Undertaking

I hereby undertake and agree that:

- I shall respect the nursery's policies and procedures. These are summarised in the Parent Handbook and a complete version is available for inspection at Reception.
- I have read, understood and agree to be bound by the Fee Policy, as set out above.

أتعهد بموجب هذا الاتفاق على ما يلي :

- أن أحترم سياسات وإجراءات الحضانة. وهي ملخصة في كتيب أولياء الأمور بالإضافة إلى وجود نسخة كاملة متاحة لدى قسم الإستقبال.
- لقد قرأت وفهمت وأوافق على أن ألتزم بسياسة الرسوم، كما هو مبين أعلاه.

Signature block

Full name

الاسم

Qatar ID

البطاقة

Signature

التوقيع

Date

DD / MM / YY

تاريخ

Covid-19 Parent Agreement for

Full name of child

The nursery is taking additional measures during the Covid-19 crisis to ensure the wellbeing of all students, parents, staff and other visitors. This includes reducing foot traffic on to the premises, a closer monitoring of the health status of all stakeholders, additional infection control measures, and efforts to enforce social distancing. Please carefully read each of the statements below and indicate your answer on the right-hand side.

Undertaking

Answer

I hereby undertake and agree that:

- a. I will not permit my child to attend nursery if anyone in the household is showing (or has experienced within the last 14 days) any Covid-19 symptoms, such as:
- fever or temperature above 37.8 °C
 - cold or flu-like symptoms
 - vomiting
 - unusual rashes
 - runny nose
 - dry cough
 - shortness of breath
- b. I will not permit my child to attend nursery if anybody in the household is not showing "Green" on the EHTERAZ app
- c. The person dropping off and collecting the child from nursery will show the EHTERAZ app and have their temperature taken before being allowed on the premises; and that Acorn Nursery has the right to refuse entry. To reduce crowding, only one adult will be permitted entry for each child.
- d. I confirm my child has not been in close contact with anyone diagnosed with Covid-19
- e. Parents, and whoever drops-off and collects my child, will maintain a distance of 2m from others at all times, and will not be permitted within the nursery buildings
- f. Personal items (such as water bottles, lunch boxes etc) will be sterilised every day. Note we will be unable to heat children's food until further notice.
- g. I will not permit my child to bring toys, books, blankets and other items from home in to the nursery, other than the necessary personal items listed above.
- h. I confirm my child is fully immunised in accordance with the Qatar Ministry of Health guidelines.

- Agree DO NOT agree
- Agree DO NOT agree
- Agree DO NOT agree
- Agree DO NOT agree
- Agree DO NOT agree
- Agree DO NOT agree
- Agree DO NOT agree
- Agree DO NOT agree
- Agree DO NOT agree

Travel History

Answer

List all countries your child and your immediate household have visited during the last 14 days

Signature

In signing below, I declare my above answers to be truthful and complete.

Name (print name of person completing this form)

Signature

Date

DD / MM / YY