



Please attach
3 Recent
Passport
Photograph

File Number (Office)																				
Start Date (Office)																				

HOUSE OF COLOURS NURSERY

APPLICATION FORM

(Please complete in BLOCK CAPITALS)

CHILD'S DETAILS

FIRST NAME											FAMILY NAME										
DATE OF BIRTH (DD/MM/YY)											NATIONALITY										
Gender	Male										FEMALE										

PARENT'S DETAILS

MOTHER										FATHER											
NAME											NAME										
NATIONALITY											NATIONALITY										
MOBILE NUMBER											MOBILE NUMBER										
EMAIL											EMAIL										
EMPLOYER											EMPLOYER										
WORK NUMBER											WORK NUMBER										

GUARDIAN DETAILS

NAME											MOBILE NUMBER											
RELATIONSHIP TO CHILD (AUNT/UNCLE/DRIVER/NANNY, ETC)																						

EMERGENCY CONTACT

Who do you want us to contact in an Emergency?	MOTHER		FATHER		OTHER	
If other, please give details						
TELEPHONE NUMBER						

GENERAL INFORMATION

Are there any family circumstances of which you feel we should be aware of? (e.g. deceased parent; divorced; separated; adopted) if so, please give details below

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PREFERRED TIME SCHEDULE

07:00 – 14:00		07:00 – 17:00	
---------------	--	---------------	--

PLEASE ATTACHED THE FOLLOWING DOCUMENTS WITH THIS APPLICATION FORM

1 photocopy of your child's Birth Certificate	
3 Passport size photographs of your child	
Parent Partnership Agreement Signed	
House of Colours Indemnity Signed	
Parent Code of Conduct Signed	

House of Colours – PARENT PARTNERSHIP AGREEMENT

CHILD'S NAME

PARENT'S NAME

Welcome to the House of Colours. Our aim is provide a safe, happy and stimulating environment where your child can "Learn through Play". The House of Colours Parent Partnership Agreement outlines how we can work together to offer your child our early Years Foundation Stage (EYFS) Curriculum to make this possible. Please show your support by signing this agreement.

The House of Colours Nursery will:

- Provide an environment for each child to feel happy and confident
- Provide a creative curriculum to meet each child's age and stage
- Encourage all children to do their best at all times
- Inform parents of your child's progress at regular intervals
- Keep parents informed through our weekly newsletter written every Sunday and posted on our Website www.nurserycolours.com
- Discuss with parents any concerns or problems affecting a child's behavior or development
- Offer a settling in observations and parent teacher evenings

Parents and Carers will:

- Provide detailed contact information (telephone and mobile numbers, email, etc.) and inform us immediately of any changes to this information
- Support and adhere to the Nursery's Policies and Guidelines: i.e Fee Terms and Conditions, Health and Safety, Medical Directives and behaviour and discipline.
- Inform the Nursery of any absences or sickness
- Let the Nursery know about any concerns of problems which may affect a child's behaviour.
- Not bring any valuable items and toys to the Nursery
- Become involved with the House of Colours Nursery by visiting our Website weekly for general information and participating in special events
- Ensure that your child is collected at the times agreed or be charged accordingly as our Terms and Conditions.
- Each May a deposit of 1500.00 AED is required to reserve a place for September
 - Term 1 balance to be paid in full by September 8th
 - Term 2 to be paid in full by November 3rd
 - Term 3 to be paid in full by February 9th
- No part payments will be accepted. The Nursery accountant will give advance of when payments are done failure to provide full fees by the above dates may result in us removing your child from our Nursery

PARENT'S SIGNATURE

DATE
(DD/MM/YY)

House of Colours – INDEMNITY POLICY

CHILD'S NAME

PARENT'S NAME

I, the above, being the lawful parent or guardian of the above child hereby agree that the Nursery, its Director, supervisors, teachers, assistants, officials, volunteer helpers or owners, hold no responsibility of whatsoever nature, in respect of my child:

- Prior to actual delivery of the child into the custody of the Nursery staff inside the grounds, likewise after the child has been collected from the Nursery grounds by a person authorised by me to do so on a normal Nursery day.
- Whilst on Nursery grounds outside of official opening times.
- At any other time, unless the child is in the direct custody or control of said teachers whilst on a recognized outing or function arranged by the Nursery.
- Unless an injury is caused by or has resulted from a neglectful act of an employee, Nursery Director, supervisors, teachers, assistants, volunteer helpers authorised to act for or on behalf of the Nursery.

I also hereby agree:

- To keep the Nursery, or any of its Director, supervisors, teachers, assistants, officials, voluntary helpers or owners absolutely harmless, fully and effectively indemnified against all actions, claims, liabilities, damages, expenses, costs, charges fees (including medical, judicial or attorneys), whatsoever, which are suffered by the Nursery as a consequence of any accidental injury or contraction of any virus/disease by the child.
- To indemnify and keep indemnified the Nursery in respect of any loss or damage to the property belonging to or in the custody of the Nursery, caused by my child.

I, undersigned, lawful parent or guardian of the above child hereby accept and agree that in the case of accident, or injury occurring, to, or virus/disease contracted by the child, the Nursery Director, the Nursery Nurse or any person in charge of the Nursery shall have full authority to take the necessary decision to ensure appropriate emergency medical treatment of my child by the Nursery Nurse or if necessary at government hospital/clinic if I cannot be reached at the emergency numbers.

This form is valid for the entire duration of your child's stay at the House of Colours Nursery.

PARENT'S SIGNATURE

DATE
(DD/MM/YY)



Please attach
3 Recent
Passport
Photograph

File Number (Office)																			
Start Date (Office)																			

HOUSE OF COLOURS NURSERY

MEDICAL FORM

(Please complete in BLOCK CAPITALS)

CHILD'S DETAILS

FIRST NAME						FAMILY NAME					
DATE OF BIRTH <small>(DD/MM/YY)</small>						NATIONALITY					
Gender	Male					FEMALE					

PARENT'S DETAILS

MOTHER						FATHER					
NAME						NAME					
NATIONALITY						NATIONALITY					
MOBILE NUMBER						MOBILE NUMBER					
EMAIL						EMAIL					
EMPLOYER						EMPLOYER					
WORK NUMBER						WORK NUMBER					

GUARDIAN DETAILS

NAME						MOBILE NUMBER									
RELATIONSHIP TO CHILD															

EMERGENCY CONTACT

Who Do you want us to contact in an Emergency?	MOTHER		FATHER		OTHER									
If other, please give details														
TELEPHONE NUMBER														

MEDICAL/HEALTH INSURANCE

MEDICAL INSURANCE CARD NUMBER														
--------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

THE FOLLOWING SHOULD BE ATTACHED WITH THIS MEDICAL FORM

3 Recent passport size photographs	
1 Photocopy of your child's Passport Copy	
1 Photocopy of your child's Vaccination Paper	
1 Photocopy of your child's Medical Insurance	
Consent Declaration Signed	
Medical Directive Signed	

House of Colours - MEDICAL INFORMATION

	YES	NO		YES	NO
DIABETES			WHOOPING COUGH		
KIDNEY DISEASE			CHICKEN POX		
MOBILITY PROBLEMS			LIVER DISEASE		
HEART DISEASE			EYE PROBLEMS		
LUNG DISEASE			ASTHMA		
DIPHTHERIA			EPILEPSY		
MEASLES			ECZEMA		
MUMPS			BED WETTING		
RUBELLA			OTHER? PLEASE SPECIFY BELOW		

If you answered YES to any of the above, please provide details:

Does your child require regular or long-term medication? If you answered YES, please provide details	Yes		No	
---	-----	--	----	--

ALLERGIES

Does your child have any of the following?

	YES	NO
Allergies to any foods		
Allergies to any medicine		
Allergies to anything else? Please give details		

--

If you answered YES, you must provide Nursery full details with a Doctor's letter

House of Colours - CONSENT DECLARATION

CHILD'S NAME

PARENT'S NAME

I, named above, hereby give my consent to the administering of basic medical treatment to my child, if necessary, whilst at the House of Colours Nursery in the form of:

	YES	NO
Calpol Infant – in the case of fever and pain		
Fenistil Gel - in the case of insect bites/ stings/ mild allergic reaction		
Calamine Lotion - in the case of itchy rashes/spots		
Plasters/Bandages - in the case of cuts and scrapes		

Any medication of treatment will be reported by a note from the Nurse and any serious illness or injury reported by a telephone call.

PARENT'S SIGNATURE

**DATE
(DD/MM/YY)**

MEDICAL REDIRECTIVE

It is very important for us to minimize the spread of preventable illness in children at our Nursery. We therefore advise all parents to refrain from bringing your child to Nursery if they are suffering from the following symptoms:

Diarrhea	Vomiting	Fever	Symptoms of flu or excess coughing
----------	----------	-------	------------------------------------

Your child must be symptom free for minimum of 48 hours before you may bring your child back to Nursery. If your child is sent to Nursery unwell you will be contacted immediately to collect them.

I, named above, have read and understood and will abide by the above directive.

PARENT'S SIGNATURE

**DATE
(DD/MM/YY)**

ANY OTHER INFORMATION

If you have any other information you feel you should share with us regarding your child's health, please give details below and if you have other concerns, please discuss this with the Nursery Nurse.

House of Colours – PARENT CODE OF CONDUCT

At the house of Colours Nursery we have a working partnership with all parents on a mutual respect for each other. Staff are trained to be courteous and respectful to parents and in return we expect staff members to be treated with the same respect and to be spoken to in a quiet, courteous manner especially when in the vicinity of the other staff, parents and children. Parents in breach of this requirement risk the possibility of their child losing their Nursery placement.

Your signature below advises the Nursery that you have read, understood and will abide by this Indemnity Policy.

PARENT'S SIGNATURE

**DATE
(DD/MM/YY)**