



Instructions:
 This eForm allows you to enter your data directly onto the form. Just click on the information you want to enter and start typing. You can press the TAB button on your keyboard to move forward to the next question on the form. If you need more information on any data that needs to be inputted, just move your mouse cursor over to that field and it will display more information on it. Once complete just move to the end of the form and click on either the 'PRINT FORM' button to take a print out of this form, or 'SUBMIT BY EMAIL' button to send your data over to our servers via your default email application. A physical copy of this form will NOT be attached to the email going out from you email application to us. This is normal. Only the data you have entered here gets transmitted to us. Do not cancel sending the email if you do not find a physical copy of this from attached with the email.



CHILD'S INFORMATION

First Name: _____ Last Name: _____

Nickname (If any): _____ Date of Birth: _____ Gender: _____

Nationality: _____ Religion: _____

First Language: _____ Other Languages: _____

Has the child attended nursery before? _____ If yes, nursery name: _____



FAMILY'S INFORMATION

Father's Name: _____ Nationality: _____

Profession: _____ Employer: _____

Mother's Name: _____ Nationality: _____

Profession: _____ Employer: _____

Sibling's first name: _____ Date of birth: _____ Gender: _____

What School/s do sibling/s attend?: _____



CONTACT INFORMATION

Home Bldg./Villa/Apt. #: _____ Street #: _____ Building Name: _____

Area: _____ Nearest Landmark: _____

PO Box #: _____ Emirate: _____ Home Telephone #: _____

Mother's Home #: _____ Office #: _____ Mobile #: _____

Father's Home #: _____ Office #: _____ Mobile #: _____

Mother's Email: _____ Father's Email: _____



EMERGENCY CONTACT

Contact 1 Name: _____ Relationship to Child: _____

Home Number: _____ Office Number: _____ Mobile Number: _____

Contact 2 Name: _____ Relationship to Child: _____

Home Number: _____ Office Number: _____ Mobile Number: _____



PICK UP CONTACT

Please provide us with details of the person/s authorised to collect your child from nursery:

Contact Name: _____	Relationship: _____	Gender: _____
Contact Name: _____	Relationship: _____	Gender: _____
Contact Name: _____	Relationship: _____	Gender: _____



ENROLLMENT PREFERENCE

Term Preference: Winter Term Spring Term Summer Term **Year:** _____

Timing Preference: 8:00a - 12:30p 8:00a - 2:00p 8:00a - 6:00p Breakfast Block (7:30a)

Days Preference: 2 Days a Week 3 Days a Week 5 Days a Week



ENROLLMENT CHECKLIST

Please attach/submit 1 copy of the following documents along with this application:

- Student's Passport & Visa Copy
- Father's Passport & Visa Copy
- Birth Certificate Copy
- Medical Certificate Copy
- Immunization Record
- Colour Passport Size Photos x 4
- Deposit & registration fees



TERMS & CONDITIONS

Tuition fees are due in full, 3 weeks before the first day of enrollment. Late or incomplete payment may result in loss of placement, registration fee & deposits.

We reserve the right to limit enrollment and placements at our discretion, which is subject to change without notice. By signing below you are thereby agreeing and accepting the terms and conditions in full.

I agree that the nursery may photograph and/or film my child in a positive light while at Building Blocks. I understand these media files may be used for Building Blocks online and/or print marketing and that these files are the property of Building Blocks.

Signature of Parent / Guardian*: _____ **Date:** _____

*By entering your name in this filed, you have agreed and accepted all the terms and conditions set forth in this form. We may require you to place an actual signature on the form at the time of admission. This is at the sole discretion of Building Blocks. If we opt to not take your physical signature on this form, by entering your name here binds you to the terms and conditions set forth.



OFFICE USE ONLY

Date Received: _____	Signature: _____
Follow Up: _____	Receipt: _____