



Child Enrollment form

Enrollment Date		
Child Information		
First name:	Middle name:	Last name:
اسم العائلة:	اسم الاب:	اسم الطفل:
Date of Birth:	Gender:	Nationality:
Medical case / Allergies: (if exists then a medical report is required)		
Mother Information		
Name:	Occupation:	Company's name:
Home number:	Mobile number:	E-mail:
Father Information		
Address:	Occupation:	Company's name:
Religion:	Mobile number:	E-mail:
General Information		
Previous Daycare:	Parent status:	Emergency number:
Social Media:		
<input type="checkbox"/> I allow my child pic. on the media	<input type="checkbox"/> I don't allow my child pic. on the media	

I the guardian of by signing below
I certify that this is a legally binding form. Providing false information could be grounds for termination of childcare services, forfeiture or retainer, or both.

Parent Signature: _____