

Application no

رقم الطلب

Registration Form

طلب تسجيل

Student information بيانات الطفل الطفلة

Child's full name in English as in passport اسم الطفل الكامل حسب جواز السفر باللغة الإنجليزية			
Child's full name in Arabic as in passport اسم الطفل الكامل حسب جواز السفر باللغة العربية			
Girl (بنت)		Boy (ولد)	
ID NUMBER رقم الشخصي		DATE OF BIRTH تاريخ الميلاد	
NATIONALITY جنسية		PLACE OF BIRTH مكان الميلاد	
RESIDENCE ADDRESS عنوان المنزل		RESIDENCE PHONE هاتف المنزل	
RELIGION دين		BLOOD GROUP فصيلة الدم	
LANGUAGES SPOKEN AT HOME			

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بيانات الوالدين Family information

بيانات الأب Father's information			
Father's name اسم الأب		Occupation وظيفة	
QID number رقم الشخصي		Company Name اسم الشركة	
NATIONALITY جنسية		Name of sponsor إسم الكفيل	
Mobile Number رقم الجوال		Work place مكان العمل	
Home phone number هاتف المنزل		Work phone number هاتف العمل	
Email address			

بيانات الأم Mother's information			
Mother's name اسم الأم		Occupation وظيفة	
QID number رقم الشخصي		Company Name اسم الشركة	
NATIONALITY جنسية		Name of sponsor إسم الكفيل	
Mobile Number رقم الجوال		Work place مكان العمل	
Home phone number هاتف المنزل		Work phone number هاتف العمل	
Email address			



Required Nursery Days أيام الحضانة المطلوبة

Please specify which days of the week you require your child to attend the nursery الرجاء توضيح الأيام التي سوف يحضر فيها الطفل الحضانة				
Five days خمسة أيام		Four days أربعة أيام		Three Days ثلاثة أيام
Sunday الأحد	Monday الاثنين	Tuesday الثلاثاء	Wednesday الأربعاء	Thursday الخميس

Starting Date: _____ ابتداء من يوم

Parents Name and signature: _____ اسم ولي الأمر

Signature and Date: _____ التاريخ والتوقيع

For Office Use Only

Registration Fee: _____

Fee Payment Schedule: _____

Tuition fee : _____

Discount: _____

Total Payable amount after discount: _____

Approval 1

Approval 2



COLLECTION CONSENT FORM

Child's name _____

Kindly list below all the adults who are authorized to pick up your child from the nursery, in case the parents cannot be reached. A photo ID will be required for those individuals to collect your child. In some cases we might ask for a password or the kid's file number

يرجى كتابة أسماء الأشخاص المؤهلين لإستلام طفلكم/أطفالكم من الحضانة أثناء عدم القدرة للوصول لولي الأمر في حالة الطوارئ. و سيطلب من هؤلاء الأشخاص إبراز البطاقة الشخصية قبل استلام الطفل/الطفلة، و في بعض الحالات نطلب كلمة السر أو رقم ملف التسجيل الخاص بالطفل

I consent to the following adults collecting my child on my behalf from Snow White Nursery. Only the names of people listed below will be able to collect my child/children, unless I notify the Nursery otherwise, with a written authorization signed and dated by me and by direct communication with the Nursery Manager.
أوافق على أن أسماء الأشخاص المذكورين هنا هم المؤهلين لإستلام طفلي / أطفالتي من الحضانة في حال عدم تمكني من إستلامهم. فقط هؤلاء الأشخاص مخولون لإستلام طفلي/أطفالي إلا في حال إعلامي للحضانة عن شخص آخر بواسطة ورقة موقعة و مؤرخة و اتصالي مباشرة مع مديرة الحضانة شخصيا.

Name	Relationship	Mobile

Parent /guardian name: _____

Parent/ guardian signature: _____

Date: _____



Consent for Photography and Social Media Use

I, the undersigned, am the parent/guardian of:

Child's Full Name: _____

I hereby give my consent for [Nursery Name] to take photographs and/or videos of my child during their time at the nursery and to use these images or videos on the nursery's official social media pages, website, and other promotional materials, including but not limited to newsletters and advertisements.

I consent to the following:

- ☐ I agree to allow photos and videos of my child to be taken and shared.
- ☐ I understand that these images will be used in a public setting, including on social media platforms such as Facebook, Instagram, and the nursery's website.
- ☐ I understand that my child's name will not be included with any images unless specifically agreed upon.

I understand that:

The images will be used solely for educational, promotional, and celebratory purposes.

If I ever wish to withdraw consent, I can notify the nursery in writing, and the photos/videos will no longer be used in future posts, although past content may remain online.

Parent/Guardian Name: _____

Signature: _____

Date: _____



Medical Form

CHILD'S INFORMATION

Child's Full Name		Blood Group	
Date of Birth		Gender	
Father's Name		Contact No:	
Mother's Name		Contact No	
Guardian's Name		Contact No	
In case of an emergency and the parents or guardians cannot be reached, kindly provide names and contact number of authorized person to be contacted			
Emergency Name 1		Contact No	
Emergency Name 2		Contact No	

SICKNESS/ HEALTH POLICY

- If your child is sick at nursery, you will be contacted and asked to pick him/her immediately
- If you cannot be reached within an hour, we will call one of your emergency contacts.
- Your child may return to nursery when he/she is symptom free for at least 24 hours or has been on antibiotic for the appropriate time as determined by your child's pediatrician. If your child has been seen by a doctor and is told that he/she may return to school sooner than 24 hours, then kindly provide a note from the doctor.
- If your child has been off with a contagious and infectious disease such as chicken pox, hand/foot/mouth measles, mumps, conjunctivitis or other, then make sure to bring doctor's certificate whenever he/she returns back to the nursery, or you will be asked to take the child back home.

Parent's Name: _____

Signature: _____

Date : _____

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CHILD'S MEDICAL HISTORY

Is your child under medical care?	Yes/ No
Is your child taking any medications? If yes, kindly specify for what and what kind? _____	Yes/No
Does your child have any heart problems, breathing problems or any other physical or medical problems our staff should be aware of? If yes, please explain : _____	Yes/No
Has your child had Chicken Pox ? If yes , at what age? _____	Yes / No
Has your child had Rubella/ Measles/Mumps? If, at what age? _____	Yes/No
Has your child had Scarlet Fever? If yes, at what age? _____	Yes/No
Does your child have any allergies known to you? If yes please list: _____	Yes/No
Does your child suffer from Febrile Convulsions?	Yes/No
Does your child suffer from Asthma? If yes please specify the treatment: _____	Yes/No
- Has your child undergone any major surgery? If yes please explain: - Surgery: _____ Date: _____ - Surgery: _____ Date: _____	Yes/No
- Does your child require any of the following health aids? - Hearing aid Eye Glasses Orthopedic Aids - Other: (please explain)	Yes/No



MEDICAL CONSENT FORM

- I _____ The undersigned parent of _____ give authorization to the on-site health care practitioner to give my child the following:

➤ Please circle the ones you consent:

- ❖ Fever reduction medicine such as 'Ibuprofen or Calpol'
- ❖ Fever reducing medicine in a suppository form
- ❖ Teething gel
- ❖ Sun block
- ❖ Nappy rash cream
- ❖ Insect repellent cream
- ❖ Band-Aid in case of wound.

- ❖ I agree that i or an authorized person will pick up my child within two hours of notification that my child is sick
- ❖ Kindly also note that our nurse has the right to over-rule your child's doctor if they feel your child is too sick to attend the nursery.

- Following a minor event of a medical emergency, the nursery will call the emergency services before calling the parents or guardians. Therewith the parents are to meet at Hamad hospital.
- As a parent/ guardian, I do herewith authorize the treatment by qualified and licensed medical doctor, of the following minor event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life , cause disfigurement, physical impairment or undue discomfort if delayed; please take note that: the paramedics will be called before the parents.

Parent's Name: _____

Signature: _____

Date : _____



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NOURISHING YOUNG ONES: PARENT QUESTIONNAIRE ON EATING HABITS AND HEALTH CONDITION OF CHILDREN

Section 1: General Eating Habits

1. How would you describe your child's appetite?
 - a) Good
 - b) Average
 - c) Poor
2. Does your child have a feeding routine or schedule?
 - a) Yes
 - b) No
3. How many meals does your child eat per day?
 - a) 2-3
 - b) 4-5
 - c) More than 5

Section 2: Food Preferences

1. What are your child's favorite foods? (Tick all that apply)
 - a) Fruits
 - b) Vegetables
 - c) Proteins (meat, eggs, etc.)
 - d) Grains (rice, bread, etc.)
 - e) Dairy (milk, cheese, etc.)
2. Does your child have any food allergies or intolerances?
 - a) Yes (please specify) _____
 - b) No
3. How would you describe your child's willingness to try new foods?
 - a) Eager
 - b) Neutral
 - c) Resistant

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Section 3: Mealtime Behavior

1. Does your child watch TV or use screens during meals?
 - a) Yes
 - b) No
2. How does your child behave during mealtimes?
 - a) Cooperative
 - b) Fussy
 - c) Distracted
3. Do you have any concerns about your child's eating habits?
 - a) Yes (please specify)
 - b) No

Section 4: Health and Illness

1. Has your child experienced any recurring health problems or common illnesses (e.g., colds, ear infections, digestive issues)?
 - a) Yes (please specify)

 - b) No
2. Is your child currently taking any medications or supplements?
 - a) Yes (please specify)

 - b) No
3. Have you noticed any links between your child's diet and their health or behavior?
 - a) Yes (please specify)

 - b) No

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Section 5: Additional Information

1. Is there anything you'd like to share about your child's eating habits or food preferences? _____

2. Are there any specific topics or areas you'd like to discuss or get guidance on regarding your child's eating habits? _____

Thank you for taking the time to complete this questionnaire! 😊