



# Ladybird Nursery

P.O. Box 215093 - Dubai - U.A.E., Tel.: 04 3441011  
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*Following the EYFS curriculum in a Montessori environment*

## REGISTRATION REQUIREMENTS

TO REGISTER AND SECURE YOUR CHILD'S PLACE  
AT LADYBIRD NURSERY, PLEASE PROVIDE THE FOLLOWING

- Completed registration form
- Child's passport copy with residence visa
- Parent's passport copy with residence visa
- Sponsor's passport copy with residence visa
- Photocopy of birth certificate
- Two passport sized photographs
- Completed medical form
- Dhs 500 registration fee (*one off payment*)
- Dhs 1000 non-refundable deposit to secure your child's place  
(*This amount will be deducted from the last term's fees*)



## FEE & PAYMENT POLICY

### Fee Payments and Due Dates

- Guarantee: The guarantee is an annual non-refundable, non-transferable payment, required to secure a place. For continuing students, the advance is due by 1st June to secure a placement in the next academic year. For new students, the advance is due within one week of the offer of a place. The advance is deductible against the 3rd Term's tuition fee.
- Each term's tuition fees are payable within the first week of that term. Ladybird Nursery accepts cash or cheque - payable to "Ladybird Nursery".
- Direct wire transfers to the Nursery's bank can be arranged by contacting our office.
- All fees (tuition and others) are non-transferable, and cannot be carried forward to a subsequent academic term or year.
- Rainbow Club: These fees can be paid per term at a discounted (pre-paid) rate, or alternatively on a daily, weekly, monthly or ad-hoc basis.
- Transport Fee: Transport fees are charged per calendar month regardless of the total number of Nursery days in that month.

### Late Entry

- If a child joins during the academic year, and a place has been reserved for the child from the beginning of the academic year then the full tuition fees for the terms unattended from the beginning of the academic year are payable.
- If a child joins at any time during the term, the full amount of the Registration, Medical and other fees are payable. However, the tuition fee may be calculated on a pro-rata rate for that term depending on when the child had joined.

### Child Withdrawal

- If a child withdraws at any time, or does not join the Nursery, the fees for registration, medical, tuition are non-refundable.
- If notice for withdrawal of a student is initiated by the Nursery, the balance of the tuition fees paid will be refunded after deducting the registration, medical and guarantee paid (if any).
- A child can withdraw from the Nursery by providing one full terms notice in writing to the Nursery to secure a refund of the next terms advance/tuition fee (if paid), subject to the terms and conditions noted herein, failing which that terms advance/tuition fee in full shall be charged.

### Supplementary

- The Nursery reserves the right to refuse re-admission unless all previous outstanding balances have been settled and if fees are not paid in the manner stated herein.
- The Nursery reserves the right to make any changes and exceptions to its Fee Policy at its discretion at any time.

Signature of Parent/Guardian : \_\_\_\_\_

Name of Parent/Guardian : \_\_\_\_\_

Date : \_\_\_\_\_



Student  
Photograph

• Since 1996 •

## STUDENT REGISTRATION

### CHILD'S DETAILS

Child's Full Name : \_\_\_\_\_

Gender : Male  Female

Date of Birth (dd/mm/yy) : \_\_\_\_\_ Religion : \_\_\_\_\_

Nationality (as per passport) : \_\_\_\_\_ Languages Spoken : \_\_\_\_\_

Full Street Address: (Villa number, street name or number and area)

Days Required ( <i>please circle preferred days</i> ): (FSI students are required to attend Nursery 5 days per week)	Sun	Mon	Tue	Wed	Thur
Rainbow Club: ( <i>after Nursery club [12.30 pm - 2.00 pm]</i> )	Sun	Mon	Tue	Wed	Thur
Transport Required ( <i>please circle preferred days</i> ):	Sun	Mon	Tue	Wed	Thur

### FAMILY DETAILS

	FATHER	MOTHER
Full Name		
Nationality		
Home Telephone Number		
Mobile Number		
Office Number		
Email Address		
Profession/Occupation		
Business/Employer		

### SIBLINGS

FULL NAME	DATE OF BIRTH	CURRENT SCHOOL

### EMERGENCY CONTACT (other than Mother or Father)

Name : \_\_\_\_\_ Telephone Numbers : \_\_\_\_\_

Relationship to child : \_\_\_\_\_



## ADDITIONAL INFORMATION

Does your child have any special physical, emotional, psychological or language needs? If yes please explain

Yes  No

Has your child encountered any difficulties at his/hers previous nursery? If yes please explain

Yes  No

Are there any family circumstances that you think we should be aware of?

Please list any special interests/talents your child or family has

How did you hear about us? Website  Magazine  Friends  Word of mouth   
(specify)

We confirm that all information on the registration form is true and accurate, and we agree that in the event that the information provided is inaccurate or incorrect, the Nursery reserves the right to take appropriate action, including cancellation of admission. Any changes to the above information relating to our child or ourselves will be kept updated.

We agree to abide by all Ladybird Nursery policies in support of our child's wellbeing.

We understand that registration does not guarantee our child a place at Ladybird Nursery and that admissions are at the discretion of the Nursery.

Start Date at Nursery : \_\_\_\_\_

Signature of Parent/Guardian : \_\_\_\_\_

Name of Parent/Guardian : \_\_\_\_\_

Date : \_\_\_\_\_



## STUDENT MEDICAL INFORMATION

Child's Full Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Name of Family Doctor/Clinic : \_\_\_\_\_

Clinic Address : \_\_\_\_\_

Clinic contact Number : \_\_\_\_\_

Please tick and provide the date if your child has had any of the following illnesses/conditions.

ILLNESS/CONDITIONS	<input checked="" type="checkbox"/>	DATE	ILLNESS/CONDITIONS	<input checked="" type="checkbox"/>	DATE
Asthma	<input type="checkbox"/>		Measles or Mumps	<input type="checkbox"/>	
Whooping cough	<input type="checkbox"/>		Infective Hepatitis	<input type="checkbox"/>	
Tuberculosis	<input type="checkbox"/>		Tonsillitis	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>		Pneumonia	<input type="checkbox"/>	
Poliomyelitis	<input type="checkbox"/>		Epilepsy	<input type="checkbox"/>	
Congenital Heart disease	<input type="checkbox"/>		Dysentery	<input type="checkbox"/>	
Diphtheria	<input type="checkbox"/>		Chicken pox or Scarlet Fever	<input type="checkbox"/>	

Has your child ever been admitted to hospital? Yes  No   
 If yes please state the reason : \_\_\_\_\_

Does your child suffer from allergies? (e.g. food, insect bites) Yes  No   
 If yes please provide details : \_\_\_\_\_

Does your child require any special physical or learning support? Yes  No   
 If yes please provide details : \_\_\_\_\_

Does your child take any regular medication? Yes  No   
 If yes please provide details : \_\_\_\_\_

Do you give permission for the School Nurse to administer Calpol in case of fever? Yes  No



## VACCINATION RECORD

Has your child received the following vaccinations

VACCINE	1st	2nd	3rd	BOOSTER
Diphtheria, Tetanus, Pertussis (Triple)				
Polio				

VACCINE	YES	NO	DATE
BCG/Tuberculosis			
Chicken Pox (Varicella)			
Hepatitis A			
Hepatitis B			
Hib			
Influenza			
Mumps/Measles/Rubella(MMR)			
Meningococcal			
Pneumococcal			
Rotavirus			
Rubella/German Measles			
Others			

## EMERGENCY CONTACT INFORMATION

Father (Name)	:	
Mother (Name)	:	
Mobile Telephone	:	
Work Telephone	:	
Home Telephone	:	
<b><i>Person to contact in case of Emergency if Parents Not Available</i></b>		
Name	:	
Contact Numbers	:	
Relationship to Child	:	

In the event of an Emergency or Accident, I authorise Ladybird Nursery to take my child to the nearest Hospital/Clinic for emergency medical treatment.

Ladybird Nursery will make every attempt to contact me or my named Emergency Contact Person.

I/we understand that the Nursery needs to be notified of changes to the information provided above regarding our child or personal details and records.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Date



## MEDIA CONSENT FORM

I, the parent/guardian of.....understand that the Nursery may photograph my child in a positive light during his/her education at Ladybird Nursery.

I understand that these photographs may be used for the Nursery's website, newsletters, year books and/or printed publications.

YES I hereby give premission to take my child's photograph

NO I do not give premission to take my child's photograph

I shall inform the nursery in writing if I withdraw my consent otherwise this from is deemed valid for the entire duration of my child's stay at Ladybird Nursery.

Child's Name : \_\_\_\_\_

Parent/Guardian Name : \_\_\_\_\_

Date : \_\_\_\_\_

Sign : \_\_\_\_\_



## INDEMNITY FORM

I, .....  
(parent's full name) being the father/ mother/ guardian of .....

..... (child's full name) hereby agree to the terms and conditions below and undertake to abide by them while my child is in the care of Ladybird Nursery.

- 1 I hereby waive all claims I may have against Ladybird Nursery, its Owners, Headmistress, Nurse or Staff arising from injury, accident, illness or any other cause involving the above-mentioned child and hereby indemnify Ladybird Nursery against all such claims.
- 2 The Nursery holds no responsibility for the above-mentioned child prior to delivery of the child into the care of staff inside the Nursery premises or after the above-mentioned child is collected from the Nursery environment by a person authorised to do so.
- 3 Unless the injury is caused by or has resulted from a neglectful act or omission of any employee authorised to act for or on behalf of Ladybird Nursery.
- 4 To keep the Nursery, or any of its authorised members of staff, absolutely harmless, fully and effectively indemnified against all actions, claims, liabilities, damages, expenses, costs, charges, fees (including medical, judicial and attorney's fees), whatsoever, which are suffered by the Nursery as a consequence of any accidental injury or contraction of any virus/disease by the child.

I, the undersigned, parent/guardian of the child, hereby accept and agree that in case of an accident or injury occurring or to virus/disease being contracted by the child, the Owner, Headmistress, Nurse or Staff 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 a government hospital/clinic, if I cannot be reached at the emergency numbers.

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

Child's Name : \_\_\_\_\_

Parent/Guardian Name : \_\_\_\_\_

Sign : \_\_\_\_\_

Date : \_\_\_\_\_



## TRANSPORT CONSENT FORM

I hereby authorise the Nursery to transport my child to and from Ladybird Nursery. I hereby accept and I shall abide by the Nursery's transport regulations. I will not hold the Nursery or its shareholders or any of its representatives or members of staff responsible in case of an accident.

***I have also read and understood the attached Ladybird transport regulations and agree to adhere to these and the above terms and conditions***

Parent's Name : \_\_\_\_\_ Bus Start Date : \_\_\_\_\_

Signature : \_\_\_\_\_ Today's Date : \_\_\_\_\_

We require the bus **1-way / 2-way** (circle) on:      **Sun**      **Mon**      **Tues**      **Wed**      **Thurs**  
(please circle required days)

Child's Name : \_\_\_\_\_ Class : \_\_\_\_\_

Home Tel No. : \_\_\_\_\_ Apt/Villa No. : \_\_\_\_\_

Street Name : \_\_\_\_\_ Area : \_\_\_\_\_

Closest landmark/crossroad : \_\_\_\_\_

Mother's Mobile : \_\_\_\_\_ Office No. : \_\_\_\_\_

Father's Mobile : \_\_\_\_\_ Office No. : \_\_\_\_\_

*Please draw a map of your residence in space below*



## LADYBIRD TRANSPORT REGULATIONS

The Nursery provides an air-conditioned bus service to various areas in Dubai. The bus is equipped with seat belts, however if you wish to provide a car seat, please inform the office.

- Should you decide to use the bus service, please be aware that each trip could take anywhere from 30 minutes to 1.5 hours.
- It is suggested that new children should start using the bus approximately 1 week after adjusting to the Nursery environment. Parents are requested to contact the office to confirm date and times.
- The first day your child uses the Nursery bus, please bring your child to the Nursery in the morning and he/she will go home by bus in the afternoon.
- Your child should be ready on time at the pick-up point. The authorised person should handover your child to the bus assistant at the bus door. At drop-off time the authorised person should collect your child from the bus assistant at the bus door.
- In case your child is not at the pick-up point at the appointed pick-up time, the bus assistant will phone before leaving. Please be on time so as not to disrupt the schedule for the remaining children. Should your child be consistently late, the Nursery office will notify you and your child will be removed from the bus service.
- At drop-off time, please ensure the authorised person is at the drop-off point to meet the bus. The bus attendant cannot leave the bus at any stage, therefore it is important that the child is met at the bus by the authorised person.
- If your child is absent or ill, please inform the bus assistant as early as possible to avoid delays. The bus service will resume only after the Nursery office has been informed that your child is ready to return to Nursery.
- The driver will make every attempt to stick to the timings; however, if there is a delay, it can be due to traffic congestion. Should the bus not reach the pick-up or drop-off point within 20 minutes of the agreed time, please contact the bus assistant or office.
- If the Nursery bus cannot access the lane/service road to the residence, your child will be picked up outside the lane or from a common point where the bus can conveniently stop.
- Should you send a different person to meet the bus please ensure that you inform the Nursery office in writing of the person's details. Clearly indicate the person's full name, telephone & cell no. and attach a clear copy of the person's ID. Please ensure that the person brings the same identification at the time of pick-up.
- Should you decide to drop-off or pick-up your child from the Nursery, please contact the office well in advance so that we can advise both the bus assistant and driver of the changes.
- Should your child go home with a friend in the afternoon, please send written permission for the office.
- Please note that the Nursery bus assistant has a mobile phone. Should you be unsure of the mobile number please contact the Nursery Office.
- Parents will be advised of the bus driver and assistant name and no. and should there be any changes you will be notified.
- For the safety and security of your child, please direct all communication to either the bus assistant or the Nursery office.
- Nursery transport fees are fixed and are paid in advance with the tuition fee.
- Transport regulations are subject to change at any time.



## PICK-UP PERSON AUTHORISATION FORM

Child's Full Name : \_\_\_\_\_

I authorise the following person (other than mother or father) to collect my child from the pick-up point on the bus route. Please include housemaid/nanny, driver, and other family members who may collect your child.

Name : \_\_\_\_\_

Relationship to the Child : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Any particular days/dates  
of pick-up : \_\_\_\_\_

Name : \_\_\_\_\_

Relationship to the Child : \_\_\_\_\_

Mobile No. : \_\_\_\_\_

Any particular days/dates  
of pick-up : \_\_\_\_\_

Parent's Name : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**\*\* Please ensure you keep the Nursery informed  
of any changes to the above persons, thank you!**