



application form

Child's Full Name
(As Per Passport)

Known as

Child's Qatar ID

Date of Birth:

Male

Female

Nationality:

First language:

Other languages
spoken at home:

PO Box:

Home Tel:

Area of Residence

Religion

Other preschools
child has attended

Does your child have any known allergies or medical conditions YES/NO – please specify.

**Please list any learning or behavioural difficulties/special needs.

FAILURE TO DO SO MAY RESULT IN YOUR CHILD BEING WITHDRAWN FROM CESK.

Please continue on a separate sheet if needed.

Official CESK use only:

Application Date: / /

CESK ID No.

Start Date: / /

Finish Date: / /

Class:

Registration Fee:

Security Deposit

RP/PP copy:

Fathers PP & ID Copy:

Mother PP & ID Copy

Vaccination record:

Birth Certificate:

Photograph:

Parents Agreement

Other Agreement

Please ensure that all supplementary forms and policies are signed. If your child suffers from Asthma or any allergies there are separate forms that must be completed. The Nurse will discuss individual needs with each parent. A copy of our Policies & Procedures is available in the Office and after registration on Baby's Days.

Is your child potty trained?

Yes

No

Training

Other information you would like to share with us, including brothers and sisters etc.



a little bit more info.....

Father's name:

Employer:

Qatar ID:

Mother's name:

Employer:

Qatar ID:

Father's Contact Details

Mobile No.:

Office No.:

Email:

Mother's Contact Details

Mobile No.:

Office No.:

Email:

Facebook account names if different from above

Which email would you prefer all accounts correspondence to go to? (Please tick one) Fathers Mothers

Please inform CESK if a different adult will be collecting your child either by email, letter, telephone or in person. We will not allow your child to leave unless we have your permission.

If, for any reason, at any time we can not contact you we will contact the Emergency contacts you specify below.

Emergency Contact 1

Name:

Mobile No.:

Relationship to child:

Emergency Contact 2

Name:

Mobile No.:

Relationship to child:

Your child may have their photograph taken while at CESK. These photographs may be used on displays within the Pre-school, uploaded onto our private parents Facebook page or used for publicity. If you have no objections to your child's pictures being used please tick the box.

I am the parent or legal guardian of the child named on this form. I apply for a place at CESK. **I have read and agree to the Policies & Procedures** (Copies of which are available in the office). Upon a place being available I shall pay the registration fee, which is non-refundable, and the Security Deposit. I agree to pay all fees in a timely manner and accept the terms as laid down on the fees list. The information I have supplied on this form is true and correct. I understand the legal consequences of signing this document and release CESK from all liability on my and the child's behalf, promising not to hold CESK liable for any loss, damage or injury whatsoever. I allow the child to participate fully in all activities at CESK.

Name:

Relationship to child:

Signature:

Date

Date place required:

Full/Part Time:

INCOMPLETE FORMS WILL NOT BE ACCEPTED PLEASE MAKE SURE ALL INFORMATION IS FILLED AND FORMS ARE SIGNED AND DATED.