



House of Colours Nursery

Application Form

Please complete in BLOCK CAPITALS

Please attach
1 Passport
Photograph

Start Date:

To be completed by the office:

Child's Details

Family Name:

First Name:

Date of Birth:

Nationality:

Gender:

Male:

Female:

Religion:

First Language:

Other Languages:

Parent's Details

Mother

Name:

Nationality:

Mobile Tel:

Work Tel:

E-mail:

Employer:

Father

Name:

Nationality:

Mobile Tel:

Work Tel:

E-mail:

Employer:

Guardian / Nanny / Driver / Friend

If someone other than the mother or father will be bringing/collecting your child to or from Nursery, please give details below:

Name:

Mobile Number:

Relationship to Child: (Aunt, Uncle, Driver etc):

Emergency Contact

In case of any emergency, who would you like us to contact?

Mother:

Father:

Other:

If other, please give details:

General Information

Are there any family circumstances of which you feel we should be aware? (e.g. deceased parent/divorced/separated/adopted/developmental problems). If so, please give details:

Preferred Schedule

Please note your schedule will depend on our availability and whilst we will try to meet your needs we may not be able to offer you your first choice. Please see the Director for further information.

Requested Days:	Sunday	Monday	Tuesday	Wednesday	Thursday
Consecutive Days - No Split:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours Per Day:	8:30-12:30: <input type="checkbox"/>	7:30-14:00: <input type="checkbox"/>	<input type="checkbox"/>	7:30-17:00: <input type="checkbox"/>	<input type="checkbox"/>

The following should be attached with this application form:

- 1 photocopy of your child's birth certificate
- 1 photocopy of your child's passport
- 1 photocopy of your child's vaccination papers
- 4 recent passport size photographs
- Fully completed Medical Form
- Signed Indemnity Form
- Signed Parent Partnership Agreement
- Signed Parent Code of Conduct

House of Colours - Parent Partnership Agreement

Child's Name:

Parent Name:

Welcome to the House of Colours Nursery. Our aim is to provide a safe, happy and stimulating environment where your child can "Learn though Play". We will encourage all aspects of a child's development - socially, learning, creativity and tolerance of other. The House of Colours Parent Partnership Agreement outlines how we can work together to offer your child our Early Years Foundation Curriculum to make this possible. Please show your support by signing this agreement below.

The House of Colours Nursery will:

- Provide an environment for each child to feel happy and confident
- Provide a creative curriculum to meet each child's needs and abilities
- Encourage all children to do their best at all times
- Inform you of your child's progress at regular intervals
- Inform parents of our 'learning though play' approach via our notice boards, weekly newsletters written every Sunday and our website www.nurserycolours.com
- Discuss with parents any concerns or problems affecting a child's work or behaviour.

Parents and Careers will:

- Provide detailed contact information (telephone and mobile numbers, email etc) and inform us immediately of any changes to this information
- Support and adhere to the Nursery's guidelines to policies such as Fees, Terms and Conditions, Health and Safety Medical Directives, Behaviour and Discipline. Please see our Nursery Handbook in the community hallway and ask staff for more details.
- Inform the Nursery of any absences or sickness
- Let the Nursery know about any concerns or problems which may affect their child's work or behaviour
- Not bring valuable items or toys to the Nursery
- Become involved with the House of Colours Nursery by reading and signing all letters and notes on a daily basis
- Ensure that their child attends on your chosen days and hours and are collected at the times agreed (or be charged accordingly as per Nursery Terms and Conditions).
- Pay all fees on the appointed dates - 3 Termly payments - for full details see our Terms and Conditions.
 - Each May a deposit of 1500 Dhs is required to reserve a place for September
 - Term 1 balance is to be paid in full by September 8th
 - Term 2 balance is to be paid in full by November 2nd
 - Term 3 balance is to be paid in full by February 2nd
 - No part payments will be accepted. We will give advance notice of when payments are due and failure to provide fees by the above dates may result in us removing your child from the Nursery

Parent Signature:

Date:

House of Colours Indemnity

Child's Name:

Parent Name:

I, the above, being the lawful parent or guardian of the above child hereby agree that the Nursery, its supervisors, teachers, assistants, officials, volunteer helpers or owners hold no responsibility, of whatsoever nature, in respect of my child:

- Prior to actual delivery of my child into the custody of the Nursery staff inside the grounds, likewise after the child has been collected from the Nursery grounds by a person authorised by me to do so on a normal Nursery day.
- Whilst on Nursery grounds outside of official opening times.
- At any other time, unless the child is in the direct custody or control of said teachers whilst on a recognised outing or function arranged by the Nursery.
- Unless an injury is caused by or has resulted from a neglectful act of any employee, Nursery supervisor, teacher, assistant or helper authorised to act for or on behalf of the Nursery.

I also hereby agree:

- To keep the Nursery, or any of its supervisors, teachers, officials, voluntary helpers or owners absolutely harmless, fully and effectively indemnified against all actions, claims, liabilities, damages, expenses, costs, charges, fees (including medical, judicial or attorneys), whatsoever, which are suffered by the Nursery as a consequence of any accidental injury or contraction of any virus/disease by the child.
- To indemnify and keep indemnified the Nursery in respect of any loss or damage to the property belonging to or in the custody of the Nursery, caused by my child.

I, the undersigned, lawful parent or guardian of the above child hereby accept and agree that in the case of accident or injury occurring to, or virus/disease contracted by the child, the Nursery Director, Nurse Manager or any person in charge 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 valid for the entire duration of your child's stay at the House of Colours Nursery.

Parent Signature:

Date:

Parent Code of Conduct

At the House of Colours Nursery we have a working partnership with all parents based on a mutual respect for each other. Staff are trained to be courteous and respectful to parents and in return we expect staff members to be treated with the same respect and be spoken to in a quiet, courteous manner especially when in the vicinity of other staff, parents and children. Parents in breach of this requirement risk the possibility of their child losing their Nursery placement.

Your signature below advises the Nursery that you have read, understood and will abide by this policy.

Parent Signature:

Date:



House of Colours Nursery

Medical Form

Please complete in BLOCK CAPITALS

Please attach
3 Passport
Photographs

Start Date:

To be completed by the office:

Child's Details

Family Name:

First Name:

Date of Birth:

Nationality:

Gender:

Male:

Female:

Religion:

First Language:

Other Languages:

Parent's Details

Mother

Name:

Nationality:

Mobile Tel:

Work Tel:

E-mail:

Employer:

Father

Name:

Nationality:

Mobile Tel:

Work Tel:

E-mail:

Employer:

Emergency Contact

In case of any emergency, who would you like us to contact?

Mother:

Father:

Other:

If other, please give details:

Medical/Health Insurance

If your child is covered by health or medical insurance, please provide details below:

Medical Insurance Care Number:

Preferred Hospital:

Medical Information

Has your child ever had any of the following?

	YES	NO		YES	NO
Diabetes			Diphtheria		
Kidney Disease			Whooping Cough		
Heart Disease			Asthma		
Lung Disease			Epilepsy		
Liver Disease			Eczema		
Measles			Eye Problems		
Mumps			Mobility Problems		
Rubella			Bet Wetting		
Chicken Pox			Other? Please specify below		

If you answered YES to any of the above, please provide details below:

Does your child require regular or long-term medication?

YES

NO

If you answered YES, please provide details below:

Allergies

Does your child have any of the following?

	YES	NO
Allergies to any foods		
Allergies to any medicines		
Allergies to anything else? Please give details		

If you answered YES to any of the above, please provide details below:

Consent Declaration

Child's Name:

Parent Name:

I, named above, hereby give my consent to the administering of basic medical treatment to my child, if necessary, whilst at the House of Colours Nursery in the form of:

- Calpol Infant - in the case of fever or pain
- Fenistil Gel - in the case of insect bites/stings/mild allergic reactions
- Calamine Lotion - in the case of itchy rashes/spots
- Plasters/Bandages - in the case of cuts and scrapes.

Any medication or treatment given will be reported by a note from the Nurse and will be placed in your child's bag/communication book. Any illness or injury of a serious nature will be reported by a telephone call at the earliest opportunity.

Parent Signature:

Date:

Medical Directive

It is very important for us to minimise the spread of preventable illnesses in children at our Nursery. We therefore advise all parents to refrain from bringing your child to Nursery if they are suffering from or are getting over the following symptoms:

- Diarrhoea
- Vomiting
- Fever
- Symptoms of Flu or excess coughing

Your child **must be symptom free for a minimum of 48 hours** before you may bring your child back to Nursery. If your child is sent to Nursery unwell you will be contacted immediately to collect them.

I, named above, have read, understood and will abide by the above directive:

Parent Signature:

Date:

Any Other Information

If you have any other information you feel you should share with us regarding your child's health, please give details below and if you have any other concerns, please discuss this with the Nursery Nurse.