



Date:

Kinderland

Personal information

LAST NAME		FIRST NAME	
DATE OF BIRTH	COUNTRY OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
NATIONALITY		RELIGION	
1ST LANGUAGE		OTHER LANGUAGE	
FEES PAID BY <input type="checkbox"/> PERSONAL		<input type="checkbox"/> COMPANY: _____	
PRIORITY CONTACT PERSON	MOBILE NUMBER	RELATIONSHIP	

Medical History

ALLERGIES	
PHYSICAL LIMITATIONS	
PREVIOUS ILLNESS (which could affect his/her activities)	
Is it possible that your child may require special educational needs support?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please give details	
Has your child encountered any difficulties at his/her previous Nursery?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please give details	
Has your child any developmental problems and/or medical conditions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please give details	
Are there any family circumstances that you feel we should be aware of?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Summarise your child's food restrictions / special diet / fears, etc	<input type="checkbox"/> YES <input type="checkbox"/> NO



Date:

Family Details

	FATHER	MOTHER
NAME		
NATIONALITY		
RELIGION		
EMAIL ADDRESS		
MOBILE NUMBER		
HOME TELEPHONE NUMBER		
MOBILE NUMBER		
EMPLOYER		
OCCUPATION		

Emergency Contact

NAME
RELATIONSHIP
CONTACT NUMBER

Optional Services

We are interested in the optional services below for our child, and understand that the Fees for these are charged separately from Kinder Land Tuition Fees.

EARLY CLASS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
AFTERCARE	<input type="checkbox"/> YES	<input type="checkbox"/> NO



Date:

Fee Policy

Registration and Term Fee

REGISTRATION FEE	SAR 1000	THIS IS A NON-REFUNDABLE FEE
TERM FEE	SAR 10 350 inc. VAT	EACH TERM FEE

Tuition Fee Due Dates

TERM 1	TERM 2	TERM 3
4th SEPTEMBER	27TH NOVEMBER	26TH FEBRUARY

Terms and Conditions

Tuition Fees exclude the cost of Learning Support, and Optional Services such as: Early class , Aftercare, etc
Tuition Fees for each term must be paid in advance via direct wire transfer, on the dates indicated on the Nursery Fee Structure policy.
All fees are non-transferable, and cannot be carried forward to a subsequent Academic term or year.
Confirmation of a place is subject to payment of full term's Tuition Fee.

Late Payment

If Tuition Fees or account balances are not settled by the due dates set, Kinder Land at its exclusive discretion reserves the right to either:
a) Levy a pro-rata late payment fee of 1.5% per month on the outstanding balance; and/or
b) Refuse the child from attending classes and/or
c) Withhold Kinder Land reports and any other documentation

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 term unattended from the beginning of the Academic year are payable.
If a child joins at any time during the Academic year, Registration fee and full payment of the current term are payable.



Date:

Learning Support

Kinder Land will assess if a child requires specialized Learning Support (LS), or instruction during the Academic year. In Case a shadow teacher is needed The fee for it is charged separately from the Tuition Fee

Child Withdrawal

If a child withdraws at any time, or does not join Kinder Land , the fees for Registration, Tuition and Optional Facilities (Early class, Additional care Uniform Fee) etc., are non-refundable.

If a notice for withdrawal of a child is initiated by Kinder Land , the pro-rata balance of Tuition Fees paid will be refunded after deducting the Registration Fee.

Optional Services

The fees for all Optional Services are charged separately from the Tuition Fees. These are payable in advance every term on the dates indicated on the Nursery Fee Structure policy. These fees are non-refundable, non-transferable and cannot be carried forward to the next term/year, in case of absence or illness or change of arrangements.

Kinder Land reserves the right at its exclusive discretion to revoke a child's use of an optional service, without refund, if the child or parent, violates any one of the conditions / regulations noted in that Optional Service's policy or guideline document.

The fees for Optional Services, the relevant regulations and policies are subject to change without notice.

Optional Services are subject to sufficient demand, the availability of resources and facilities. Kinder Land has the right to discontinue an optional service at anytime.

Aftercare Faculty



Date:

Indemnity / Consent Form

Indemnity

I/We hereby agree that Kinder Land Preschool, any members of its staff, teachers, assistants, directors, shareholders, volunteers, helpers or owners of the Preschool, have no responsibility of whatsoever nature in respect of bodily injury to our child under any one of these circumstances:

1. Prior to actual delivery of our child into the custody of the said teachers or officials inside the preschool grounds, or after our child has been collected from the preschool or
2. Whilst on preschool grounds before or after the official preschool timings; or
3. At any other time, unless our child is in the direct custody or control of one of the said teachers, or
4. Unless the injury is caused by or resulting from:
 - a. The neglectful act or omission of any employee, teacher or other person or persons authorised to act for or on behalf of the preschool.
 - b. Any defect on the premises of the preschool.

In addition, I agree:-

5. To indemnify and keep indemnified kinderland and its staff, teachers, assistants or directors / shareholders, or volunteers or helpers or owners, absolutely harmless fully and effectively indemnified against all actions, claims, liabilities, damages, expenses, costs, charges, fees (including medical, judicial, and attorneys fees) what so ever, which are in respect of any amounts which the preschool may pay, in respect of medical or other expenses arising from accidental bodily injury to our child other than as set out in 4.

I/ We, lawful parent or guardian of the child hereby accept and agree that in case of an accident or injury occurring to or virus/diseases being contracted by the child, the Director, Nursery Manager, Assistant Manager, Nurse, or any persons in charge of Kinder Land, shall have full authority to take the necessary decisions to ensure appropriate emergency medical treatment of my child by the Nursery Nurse or if necessary at a hospital/clinic, if I cannot be reached at the emergency numbers.

Information Updates

After admission, I/We agree to regularly update Kinder Land Admissions Office with any changes to the information noted in this Application, especially with regards to our child's medical condition and our contact details.

Media Consent

I/ We agree and understand that Kinder Land may photograph and/or film our child during his/her learning. I/ We understand that these media files may be used for Kinder Land online (social networking websites, etc) and printed publications/advertisements/displays.

Child Registration

I/We understand that all required documents referred to in this Application Pack are part of our child's admission and registration to Kinder Land preschool. I/We agree to submit all required documents to Kinder Land within 2 calendar weeks from confirmation of our child's seat and pay the Tuition Fee, failing which may result in cancellation of our child's admission by the management.



Date:

Medical Consent and Declaration Form

Consent for administration of First Aid & Non-Prescription Records

I/We hereby authorise Kinder Land child care provider to use the following medication/products on my child according to the manufacturers or physicians written instructions. I/We will not hold Kinder Land liable for any allergic reactions or other symptoms when the medication/products are used in accordance with these terms.

The following are the first aid medications available in the sick bay for your child.

Please tick below the medicines that can be administered to your child, when necessary:

- Calpol / Paracetamol – Fever/body ache/headache
- First Aid Ointment – Anti-allergic, insect bite and itching
- Insect Repellent
- Please do not give my child any of the above

Emergency Treatment Consent

In case of an accident or injury to our child, we hereby allow JINS to take necessary action to ensure appropriate medical treatment of our child by Kinder Land Nurse or at a hospital or clinic if we cannot be reached at the emergency numbers noted in this Application.

Medical Examination Consent

Kinder Land has a full time Nursery Nurse and a Doctor visiting once a month who carry out physical examination of the children, only if they are unwell, or show reasons for concerns (Please tick below)

- I/We consent to our child having a Nursery physical examination
- I/We do not consent to our child having a Nursery physical examination

We would like to reassure parents that all such examinations are supervised by the Nursery Nurse.

If you do not wish to have your child examined by the Nursery Doctor or the Nursery Nurse, kindly provide the Nursery a copy of the Child's Medical report issued by a Private Doctor for their record at Nursery.



Date:

Medical Consent and Declaration Form

Declaration

I/We, have read, understood and agree to abide to the terms and conditions in our child's Application which, incorporates by reference the nursery's policies, rules and regulations. I/We declare that all the information provided in our child's Application is true and accurate. Furthermore, we declare that I/we have not withheld or provided misleading information related to our child, which includes but is not restricted to our child's health, medical, psychological, behavioural conditions or our child's academic records etc. I/we agree that the nursery reserves the right to withdraw the offer of a place, at any time, even after our child attends nursery, if the nursery finds that any information on our child's Application as incorrect or false, or if I/we have in any way withheld or provided misleading information related to our child.

We understand and agree that Kinder Land reserves the right to suspend attendance to preschool and/or withhold our child's report and/or release any documents which we may request until we settle all outstanding balances.

We understand and agree that Kinder Land reserves the right to make any changes to its policies, rules and regulations at its discretion at any time without notice.

We declare that we have provided Kinder Land relevant health information/record about our child to the best of our knowledge. We understand that any incorrect or misleading statements, or omissions, could affect our child's admission to Kinder Land.

We have no objection for Kinder Land Nurse/Doctor to seek further information either directly from us or from our General Practitioner or other appropriate Doctor when necessary.

I, as the parent / lawful guardian of my child, hereby declare that I have read, understood and agree to irrevocably abide by all the terms and conditions of Kinder Land .

NOTE: This form is deemed to be valid for the entire duration of the child's stay at Kinder Land Preschool.

FATHER'S NAME / GUARDIAN	MOTHER'S NAME / GUARDIAN
SIGNATURE	SIGNATURE
DATE	DATE



Date:

Vaccination Information

Child's Details

NAME	
GOVERNMENT HEALTH CARD / PRIVATE INSURANCE NUMBER	

Immunisation Schedule

AGE OF THE CHILD	DATE	VACCINES FOR IMMUNISATION
AT BIRTH		BCG, Hepatitis B, Oral Polio
2 MONTHS		Pentavent 1: (Diphtheria, Pertussis, Tetanus, H.influenzae-B, Hep-B, Oral Polio)
4 MONTHS		Pentavent 2: (Diphtheria, Pertussis, Tetanus, H.influenzae-B, Hep-B, Oral Polio)
6 MONTHS		Pentavent 3: (Diphtheria, Pertussis, Tetanus, H.influenzae-B, Hep-B, Oral Polio)
12 MONTHS		MMR (Measles, Mumps and Rubella)
18 MONTHS		Tetravent: (Diphtheria, Pertussis, Tetanus, H.influenzae-B, Oral Polio)
4-5 YEARS		Oral Polio, Measles, Mumps and Rubella, Diphtheria, TetanusA

Optional Vaccines

AGE OF THE CHILD	YES/NO	DATE	VACCINES FOR IMMUNISATION
2 MONTHS			Prevnar, Rotarix
4 MONTHS			Prevnar, Rotarix
6 MONTHS			Prevnar
12-13 MONTHS			Varicella
24 MONTHS			Hep. A, Meningococcal, Typhoid fever
30 MONTHS			Hep. A,
4 - 5 YEARS			Varicella Booster
ANNUAL VACCINE			Influenza



Date:

Infectious Diseases

INFECTIOUS DISEASES	YES/NO	DATE	NON - INFECTIOUS DISEASES	YES/NO	DATE
Diphtheria			Accident		
Dysentery			Allergies		
Infective Hepatitis			Bronchial Asthma		
Measles			Congenital Heart Disease		
Mumps			Diabetes Mellitus		
Poliomyelitis			Epilepsy		
Rubella/German			G6PD (Glucose6 Posphate)		
Scarlet Fever			Dehydrogenase Deficiency		
Tuberculosis			Rheumatic Fever		
Whooping Cough			Surgical Operation		
Chicken Pox			Thalasaemia		

FATHER'S NAME / GUARDIAN	MOTHER'S NAME / GUARDIAN
SIGNATURE	SIGNATURE
DATE	DATE

Documents Needed

DOCUMENTS	DATE RECEIVED	RECEIVED BY
(1) Copy of Birth Certificate		
(1) Child's Passport copy and Iqama		
(1) Parents Passport copy and Iqama		
Copy of Updated Immunisation/Vaccination Records		
Application		