



Registration Form

Child's details

Child's name	Known as	Surname	Date of birth	Male/Female
Nationality	Passport number	Place of issue	Date of issue	Place of birth

Family Details

Father's name	Occupation	Place of work
Mother's name	Occupation	Place of work

Father's Details PLEASE PRINT

Home address	
Home Tel No.	
Mobile No.	
Work No.	
Email Address	

Mother's Details PLEASE PRINT

Home address if different from above	
Home Tel No.	
Mobile No.	
Work No.	
Email Address	

Transportation Details

Name and number of person who will drop me	
Name and number of person who will collect me (if different from above)	

Please supply an ID photo if different from parent

The child's Languages

Child's first language		Child's second language	
Language spoken within family			

Child and Parent language skills

Arabic									English							
Father	Excellent	1	2	3	4	5	Poor		Father	Excellent	1	2	3	4	5	Poor
Mother	Excellent	1	2	3	4	5	Poor		Mother	Excellent	1	2	3	4	5	Poor
Child	Excellent	1	2	3	4	5	Poor		Child	Excellent	1	2	3	4	5	Poor

Emergency contact PLEASE PRINT

Preferred emergency number	Mother	Father
<u>Alternative</u> number and relationship to child		

Personal Information

Religion	Dietary requirements	Additional requirements
	Vegetarian Vegan None	

Doctor's contact details

Name	Clinic	Hospital

Child's Health Information

Has your child got any long-term illness, medical condition or disability?	Yes / No	If yes please explain:
If yes, has there been a professional assessment identifying a disability?	Yes / No	If yes please provide details:

If answered yes above, please provide supporting records

Any known allergies**None completion is taken as indicating no known allergies.**

ALLERGEN	REACTION	TREATMENT/MEDICATION

Please indicate by circling yes or no if your child has experienced any of the following:-

Asthma	YES	NO
Eczema/skin problems	YES	NO
Diabetes	YES	NO
Convulsions/epilepsy	YES	NO
Visual problems	YES	NO
Ear/hearing problems	YES	NO
Speech difficulties	YES	NO

Any additional information you feel we need to know.**Bookings****Child to start Kindergarten ? (date, month, year required)**

Any other requests or requirements

How did you hear about Chapter One?

Parental Permissions

Emergency Treatment

I agree to the registered person, Manager in the school (or deputy in charge) taking the necessary steps to ensure that my child receives the best and most appropriate care, attention and treatment, should there be an emergency in the school or while out on an authorised outing you need to complete. I understand that every effort will be made to inform me of any emergency or accident as soon as possible after the event but that they may have to accompany my child to hospital in case of serious accident in my absence.

I give my permission for the registered person in charge of the school to authorise hospital staff to administer essential treatment until my arrival.

I do not agree with the above – please tick the box and speak with the School Manager

I give my permission for the above. Please sign below.

Signature:

Date:

Signature:

Date:

Local Trips

In order to make full use of the facilities for young children in the local community the children may be taken on short walks and trips round the local area.

Prior notice and consent will always be requested for trips further afield.

Where vehicles are being used, adequate insurance of vehicle and driver and sufficient child restraint for every child will be arranged.

I do not agree with the above – please tick the box and speak with the School Manager

I give my permission for my child to take part in the above events. Please sign below.

Signature:

Date:

Signature:

Date:

Medication Permissions

If my child becomes unwell and has a temperature or shows signs of being in pain at school will contact me to collect my child. If there will be a delay in me collecting my child, the school will administer Ibuprofen, anti-histamines, insect bite cream, unless aware of any allergies.

Every effort will be made to inform me if my child is unwell and requires medicine. If the school is unable to contact me, they will administer the above as required and continue to try and make contact. **However**, if my child has been in school for less than **4 hours**, the school **will not** administer any Ibuprofen as contact **must be made** to ensure no previous medication was administered.

The above medication is kept in the school is for emergency use only. If I feel my child requires any medication at other times, I must bring this into school clearly labelled with my child's name and sign it into the medication record file. This **must be** handed to staff and signed in on arrival.

I do not agree with the above – please tick the box and speak with the School Manager

I give my permission for my child to be given medicine in the event they fall ill at school. Please sign below.

Signature:

Date:

Signature:

Date:

Photograph Permissions

Photographs are a valuable tool for recording and assessing children's activities and achievements in Chapter One. Photographs will only be taken during normal school activities. Cameras will never be used in the toilet or changing areas. A child will never be photographed with washroom or changing areas.

For public events, eg., sports days, charity events etc press photographers may take photographs of the public activity. Each parent will be advised of any press photographers present and parents will be asked to sign a consent form to either agree or disagree for their child to be included in such photographs and publicity.

Photos may be used on the Chapter One website.

I do not agree with the above – please tick the box and speak with the School Manager

I give my permission for my child to have their photo taken at school. Please sign below.

Signature:

Date:

Signature:

Date:

Social Network – Facebook – Twitter - Instagram

Facebook / twitter /Instagram are becoming increasing popular and an efficient way of communication with parents and family members that are further afield. We keep the page up to date with all the children’s activities and events happening throughout the school. The same policy as above for photo taking will be adhered to and no identity will ever be given without consent.

I do not agree with the above – please tick the box and speak with the School Manager

I give my permission for my child to have their photo taken at school. Please sign below.

Signature:

Date:

Signature:

Date:

Required Documents

The following documents should be submitted with this registration form

	Office use (tick when received)
Copy of child’s passport photo page and visa page	
Residence card (non Omani) /ID card (Omani)	
Copy of Mothers passport (and visa page)	
Copy of Fathers passport (and visa page)	
Copy of Health Insurance (if available)	
Copy of Birth certificate	
Copy of Vaccination Record	

I/We hereby apply for admission to **Chapter One KG1/2**. We certify that the above information is complete, true and accurate to the best of our knowledge. We acknowledge that failure to furnish accurate information could jeopardize our child’s admission.

Date _____ **signature (Father or guardian)** _____

Date _____ **signature (Mother or guardian)** _____

Office Use Only:

Notes:

Discussion with parents on points in relation to entries within the enrolment details

Signed Parent:

Date:

Signed School Manager:

Date: