THE CARDINAL VALLEY
NURSERY

REGISTRATION FORM

CHILD DETAILS:

First Name: Family Name:

Gender: Date of Birth: (DD.MM.YY)

Nationality: Religion:

LANGUAGES:

a) Mother Tongue: _____
b) 2nd Language: _____
c) 3rd Language: _____

SIBLINGS:

a) Brothers: _____
b) Sisters: _____
c) Chronological Birth Order: _____

EXPECTED DATE OF JOINING:

☐ Term 1 ☐ Term 2 ☐ Term 3 ☐ Term 4

Dates: _____ _____ _____

NUMBER OF DAYS: PREFERRED DAYS: ☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu

(Please note that days cannot be swapped or carried forward without the Principal's approval)

EXTENDED DAYS OPTION: (Please tick)

Extension 1: 1:30 pm – 3:30 pm ☐ Extension 2: 1.30pm pm – 5:30 pm ☐

PARENTS' INFORMATION:

	MOTHER	FATHER
Full Name		
Nationality		
Occupation		
Employer		
Home Address		
Mailing Address		
Work Number		
Home Number		
Mobile Number		
Email Address		

N.B Please note that a completed Registration Form along with AED 500 Registration Fee will secure a seat for your child until the date specified above. All enrollments and fees should be paid on or before your child's start date.

_____ _____

Parent/Guardian Signature & Printed Name: **Date:**

For Office Use Only:

Date Received:	Student Number: