



Please attach  
4 Recent  
Passport  
Photograph

File Number (Office)																				
Start Date (Office)																				

HOUSE OF COLOURS NURSERY

**APPLICATION FORM**

(Please complete in BLOCK CAPITALS)

**CHILD'S DETAILS**

FIRST NAME					FAMILY NAME				
DATE OF BIRTH (DD/MM/YY)					NATIONALITY				
Gender	Male				FEMALE				

**PARENT'S DETAILS**

MOTHER					FATHER				
NAME					NAME				
NATIONALITY					NATIONALITY				
MOBILE NUMBER					MOBILE NUMBER				
EMAIL					EMAIL				
EMPLOYER					EMPLOYER				
WORK NUMBER					WORK NUMBER				

**GUARDIAN DETAILS**

NAME					MOBILE NUMBER				
RELATIONSHIP TO CHILD (AUNT/UNCLE/DRIVER/NANNY, ETC)									

**EMERGENCY CONTACT**

Who do you want us to contact in an emergency?	MOTHER		FATHER		OTHER	
If other, please give details						
TELEPHONE NUMBER						

**GENERAL INFORMATION**

Are there any family circumstances of which you feel we should be aware of? (e.g. deceased parent; divorced; separated; adopted) if so, please give details below

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**PREFERRED TIME SCHEDULE**

07:00 – 14:00		07:00 – 17:00	
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**PLEASE ATTACHED THE FOLLOWING DOCUMENTS WITH THIS APPLICATION FORM**

1 Photocopy of your child's Birth Certificate		1 Photocopy of your child's Emirates ID	
4 Passport size photographs of your child		1 Photocopy of your child's Passport Copy	
Parent Partnership Agreement Signed		Photocopies of BOTH parent's Emirates ID	
House of Colours Indemnity & Parent Code of Conduct Signed		Photocopies of BOTH parent's Passport	

## House of Colours – PARENT PARTNERSHIP AGREEMENT

CHILD'S NAME

PARENT'S NAME

Welcome to the House of Colours. Our aim is provide a safe, happy and stimulating environment where your child can “Learn through Play”. The House of Colours Parent Partnership Agreement outlines how we can work together to offer your child our Early Years Foundation Stage (EYFS) Curriculum to make this possible. Please show your support by signing this agreement.

### 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 age and stage
- Encourage all children to do their best at all times
- Inform parents of your child's progress at regular intervals
- Discuss with parents any concerns or problems affecting a child's behavior or development
- Offer a settling in observations and parent teacher evenings

### Parents and Carers 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 Policies and Guidelines: i.e Fee Terms and Conditions, Health and Safety, Medical Directives and behaviour and discipline.
- Inform the Nursery of any absences or sickness
- Let the Nursery know about any concerns of problems which may affect a child's behaviour.
- Not bring any valuable items and toys to the Nursery
- Become involved with the House of Colours Nursery by visiting our Website weekly for general information and participating in special events
- Ensure that your child is collected at the times agreed or be charged accordingly as our Terms and Conditions.
- Each April a non-refundable deposit of 1500.00 AED is required to reserve a place for September
  - Term 1 balance to be paid in full by September 10<sup>th</sup>
  - Term 2 to be paid in full by November 3<sup>rd</sup>
  - Term 3 to be paid in full by February 9<sup>th</sup>
- No part payments will be accepted. The Nursery accountant will give advance of when payments are done failure to provide full fees by the above dates may result in us removing your child from our Nursery
- A charge of 20.00 AED per day will be charged as penalty if the payments made beyond the due dates.
- Parents and their elected family members agree to follow parking guidelines laid out in the House of Colours Road Safety Leaflet, which has been produced as part of our commitment to the Health and Safety of your children during 'Dropping Off and Picking Up' times. We have highlighted areas that could cause potential accidents and have introduced a policy that after 3 Verbal Warnings a Written Warning will be given and after three Written Warnings, House of Colours may not renew your child's place the following term.

PARENT'S SIGNATURE

DATE  
(DD/MM/YY)

**House of Colours – INDEMNITY POLICY**

**CHILD'S NAME**

**PARENT'S NAME**

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

- Prior to actual delivery of the 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 recognized outing or function arranged by the Nursery.
- Unless an injury is caused by or has resulted from a neglectful act of an employee, Nursery Director, supervisors, teachers, assistants, volunteer helpers authorised to act for or on behalf of the Nursery.

I also hereby agree:

- To keep the Nursery, or any of its Director, supervisors, teachers, assistants, 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, 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, the Nursery Nurse 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 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.

**House of Colours – PARENT CODE OF CONDUCT**

At the house of Colours Nursery we have a working partnership with all parents 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 to be spoken to in a quiet, courteous manner especially when in the vicinity of the other staff, parents and children. Parents in breach of this requirement risk the possibility of their child losing their Nursery placement.

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

**PARENT'S SIGNATURE**

**DATE (DD/MM/YY)**





Please attach  
Recent  
Passport  
Photograph

<b>File Number (Office)</b>																			
<b>Start Date (Office)</b>																			

**HOUSE OF COLOURS NURSERY**

**MEDICAL FORM**

(Please complete in BLOCK CAPITALS)

**CHILD'S DETAILS**

<b>FIRST NAME</b>		<b>FAMILY NAME</b>	
<b>DATE OF BIRTH</b> (DD/MM/YY)		<b>NATIONALITY</b>	
<b>Gender</b>	<b>Male</b>	<b>FEMALE</b>	

**PARENT'S DETAILS**

<b>MOTHER</b>		<b>FATHER</b>	
<b>NAME</b>		<b>NAME</b>	
<b>NATIONALITY</b>		<b>NATIONALITY</b>	
<b>MOBILE NUMBER</b>		<b>MOBILE NUMBER</b>	
<b>EMAIL</b>		<b>EMAIL</b>	
<b>EMPLOYER</b>		<b>EMPLOYER</b>	
<b>WORK NUMBER</b>		<b>WORK NUMBER</b>	

**GUARDIAN DETAILS**

<b>NAME</b>		<b>MOBILE NUMBER</b>	
<b>RELATIONSHIP TO CHILD</b>			

**EMERGENCY CONTACT**

<b>Who do you want us to contact in an emergency?</b>	<b>MOTHER</b>	<b>FATHER</b>	<b>OTHER</b>															
<b>If other, please give details</b>																		
<b>TELEPHONE NUMBER</b>																		

**MEDICAL/HEALTH INSURANCE**

<b>MEDICAL INSURANCE CARD NUMBER</b>																			
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**THE FOLLOWING SHOULD BE ATTACHED WITH THIS MEDICAL FORM**

1 Photocopy of your child's Passport Copy	
1 Photocopy of your child's Vaccination Paper	
1 Photocopy of your child's Medical Insurance	
Consent Declaration Signed	
Medical Directive Signed	

## House of Colours - MEDICAL INFORMATION

	YES	NO		YES	NO
DIABETES			WHOOPING COUGH		
KIDNEY DISEASE			CHICKEN POX		
MOBILITY PROBLEMS			LIVER DISEASE		
HEART DISEASE			EYE PROBLEMS		
LUNG DISEASE			ASTHMA		
DIPHTHERIA			EPILEPSY		
MEASLES			ECZEMA		
MUMPS			BED WETTING		
RUBELLA			OTHER? PLEASE SPECIFY BELOW		

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

Does your child require regular or long-term medication?  
If you answered YES, please provide details

Yes

No

## ALLERGIES

Many children have different FOOD PREFERENCES which is very different to a true and tested life threatening FOOD ALLERGY, your child will ONLY be placed on our Nurseries ALLERGY FOOD LIST IF we have received a letter from a doctor with full written details and a care plan for the treatment.

Does your child have any of the following?

YES

NO

Allergies to any foods

Allergies to any medicine

Allergies to anything else? Please give details

If you answered YES, you must provide Nursery full details with a Doctor's letter

House of Colours - CONSENT DECLARATION

CHILD'S NAME

PARENT'S 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:

Table with 3 columns: Treatment type, YES, NO. Rows include: Antipyretic Oral Medication, Antipyretic Suppository Medication, Antipruritic/Antihistaminic/Anti-allergic Gel, Antiseptic solution/Antibiotic cream, Plasters/Bandages.

Any medication or treatment for a minor Accident/Incident will be reported by an Accident/Incident Form from the nurse and is provided to the parent at the end of the day. Only serious illness or injury is reported by a telephone call.

PARENT'S SIGNATURE

DATE (DD/MM/YY)

MEDICAL REDIRECTIVE

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

Table with 4 columns: Diarrhea, Vomiting, Fever, Symptoms of flu or excess coughing

Your child must be symptom free for 24-48 hours before you may bring your child back to Nursery. For communicable cases, a DOCTOR'S CLEARANCE is required to be submitted in the clinic upon return to the Nursery.

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

PARENT'S SIGNATURE

DATE (DD/MM/YY)

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 other concerns, please discuss this with the Nursery Nurse.

Multiple horizontal lines for providing additional information.

