



RIVERWOOD NURSERY حضانة ريفر وود

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REGISTRATION FORM

Date _____ Application No. _____

1. CHILD INFORMATION

Name as in Passport _____ ID No. _____
Nick name of the child (as called at home) _____ Passport No. _____
Date of Birth _____ Place of Birth _____ Age _____
Languages Spoken _____ Nationality _____ Religion _____

2. FAMILY INFORMATION

Father's Name _____ ID No. _____ Nationality _____
Employer _____ Occupation _____
Mother's Name _____ ID No. _____ Nationality _____
Brothers' and Sisters' names and dates of birth _____ dd/mm/yyyy
Name _____ Date of Birth _____
Name _____ Date of Birth _____
Name _____ Date of Birth _____

3. CONTACT DETAILS

Bldg./Apt./Villa Name _____ Flat/Villa No. _____ Street No. _____
Home address _____
P.O.Box _____ Emirates _____
Telephone No. _____ Res. Tel. No. _____
(Father) Office _____ Mobile _____
Email _____
(Mother) Office _____ Mobile _____

4. AUTHORISED PERSONS TO COLLECT YOUR CHILDREN FROM THE NURSERY

Name (1) _____ Designation _____ Mobile _____
Name (2) _____ Designation _____ Mobile _____

FOR OFFICE USE

Date of Admission ____ / ____ / ____ Admission No. _____ Section _____
Receipt No. _____ Signature _____
Method of Payment Cash Cheque P.D. Cheque



MEDICAL QUESTIONNAIRE

1. HAS YOUR CHILD RECEIVED THE FOLLOWING VACCINATIONS?

DPT/POLIO (2 months)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DPT/POLIO (18 months)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DPT/POLIO (4 months)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DPT/POLIO (School entry)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DPT/POLIO (6 months)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	BCG	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MEASLES (8 months)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	HEPATITIS A	<input type="checkbox"/> YES	<input type="checkbox"/> NO
MMR (2 months)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	HEPATITIS B	<input type="checkbox"/> YES	<input type="checkbox"/> NO

2. DOES YOUR CHILD HAVE ANY

a) VISION IMPAIRMENTS? YES NO

Give details, if YES _____

b) HEARING DIFFICULTIES? YES NO

Give details, if YES _____

c) KNOWN ALLERGIES? YES NO

Give details, if YES _____

d) KNOWN FOOD ALLERGIES? YES NO

Give details, if YES _____

e) RESPIRATORY DIFFICULTIES? YES NO

Give details, if YES _____

f) REGULAR MEDICATION? YES NO

Give details, if YES _____

g) OTHER HEALTH PROBLEMS? YES NO

Give details, if YES _____

3. CHILD'S FAMILY DOCTOR'S INFORMATION

Doctor's Name _____ Telephone No. _____

Emergency No. _____ Office No. _____ Mobile No. _____

4. MEDICATION AND ILLNESS

The child's parents should inform the nursery of anything with respect to the child's health. We have strict guidelines concerning infection control and illness within the Nursery. Please find below the following listing of signs and symptoms of infection in children that will serve as attendance exclusion criteria:

- Fever (greater than 101°F or 38.3°C)
- Rash with or without fever
- Diarrhoea
- Vomiting
- Unusual tiredness
- Poor Feeding
- Persistent crying or irritability
- Breathing difficulties or persistent coughing
- Yellow skin or eyes
- Conjunctivitis or eye infection

5. ADDITIONAL INFORMATION

We hereby confirm that all the above details and information provided by us are accurate.

Name of the Parent _____ Signature _____ Date ____ / ____ / ____



TERMS AND CONDITIONS

TUITION FEES

Tuition Fees are payable in advance and non-transferable and non-refundable. See payment schedule.

Please Note: There is a late fee charge of AED 50 per child per day for every child with a grace period of one week only. EID is required.

The grace period for holding space will be for two weeks only (with applicable late charges as mentioned). After this period of time the nursery reserves its right to release the child's space. Children with outstanding fees will not be able to attend classes. This policy will be strictly adhered to. In the event of a dishonoured cheque, a bank service fee of AED 200 for each returned cheque will be charged. In addition, the late fee of AED 50 per day will be charged from the due date.

Methods of payment: By cash or cheque prior to commencement of the terms by no later than the payment dates listed under Tuition fees.

AGE OF ADMISSIONS

We accept children from 45 days to 4 years old.

HOURS OF OPENING

The school day is 8 am - 2pm, we offer an early bird club from 7 - 8 am and after school care 2 - 3.30 pm. Prices can be found in the fees section of the website. We are open from Sunday to Thursday. The Nursery is closed on Fridays and Saturdays.

MEDICAL FEES

Medical Fees are to be paid on registration and at the beginning of each school year. Medical fees are non-refundable.

ARRIVALS AND DEPARTURES

We are very committed to the safety of all our children. On arrival please make sure you bring your child into the school and handover to the teacher. Please always ensure that the named people on the registration form are the only ones to bring and collect your child. This is very important. Child identification card should be presented on request at all times.

TERM DATES

We close for two weeks during the Winter and Spring break and for one month during August. The Nursery will close for all public holidays and staff training days which are scheduled throughout the year. Please refer to the holiday dates on your school calendar.

ABSENCES

Fees are non-refundable and are payable for all absences including illness, vacation, public holidays and any unforeseen closures of the Nursery.

CANCELLATION POLICY

If you wish to deregister your child, you need to give one month's written notice.

MEALS

Please ensure you provide your child with a healthy snack and lunch with drinks. No chocolates, nuts or fizzy drinks are allowed. Please refer to our Food and Nutrition Policy.

ITEMS TO BRING

Please ensure formula bottle feeds are supplied, prepared and cleanly labeled with your child's name. These will be stored at the correct temperature before use. All bottles will be rinsed and returned to the parent to sterilize at home. Please provide enough diapers for your child and required cream for diaper rash and baby wipes. All must be clearly labeled with your child's name. If you do not label your items, we cannot be held responsible for loss of items. All children need to have a change of clothing and several changes if the child is potty training. Please label your child's change of clothing clearly with his/her name.



SICKNESS

The Nursery reserves the right to refuse to accept a child until satisfied they are not infectious. If your child has a rash, fever, sore throat, eye infection, vomiting or diarrhea, please do not bring them to the Nursery. We have a duty to care for all children at the Nursery and protect them as much as possible from cross infection. Please keep your sick child at home until the doctor has certified he/she is clear of illness.

If your child is taking antibiotics, please do not bring them until they have taken the medication for a full 24 hours as a child sometimes has a reaction. The nurse will administer the antibiotics but the packaging needs to be clearly labeled and the parents need to sign the required consent documentation with the nurse.

CHILD PROTECTION

We will protect any child in our care regardless of gender, culture, racial origin, physical or mental impairment. Every child has a right to protection from physical, emotional, sexual abuse and neglect. We will strive to protect a child from harm when in our care. We will seek professional guidance if a child shows symptoms of any signs of abuse.

PERSONAL ITEMS

The Nursery does not accept responsibility for loss or damage of any personal property or toys brought to the school by the parents or children.

COMPLAINTS

If you have any concerns regarding anything, please speak to the principal either in person, email or by phone in the first instance. We will always endeavour to resolve the issue as soon as possible.

DOCUMENTATION REQUIRED ON REGISTRATION

- Eight (8) current passport sized photographs
- Two (2) copies of your child's passport and UAE visa and UAE ID
- Two (2) copies of your child's birth certificate
- Two (2) copies of your child's immunization record
- Two (2) copies of your child's up to date medical record
- Two (2) copies of father's passport and visa
- Two (2) copies of mother's passport and visa
- Registration and Medical Fee AED ~~2-250~~

We hereby accept the above terms and conditions as set by Riverwood Nursery

For _____ Date. _____

Name of Child _____ Admission No. _____

Father's Name _____ Signature _____

Mother's Name _____ Signature _____



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هاتف ٢٣٩٩ ٥٨٣ ٩٧١+, متحرك ٨٥٥٩ ٤٠٩ ٩٧١+, بريد إلكتروني info@riverwoodnursery.ae, مدينة محمد بن زايد ٥C - ١٨Z, ص.ب. ١٣٠١٢٦ أبو ظبي, إ.ع.م.
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