



l i t t l e g e m s
 N U R S E R Y

P.O. Box 693, P.C. 114, Sultanate of Oman, Tel 2449 9401 - 9783 6737
 email: info@littlegemsoman.com

REGISTRATION FORM

Name of the Child.....

Sex Male Female

Date of Birth Day..... Month..... Year.....

Age.....

Nationality.....

Father's Name..... Telephone.....

Mother's name..... Telephone.....

Contact e-mail address.....

Present Address.....

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..... Telephone.....

Does the child suffer from any illness? If yes, please specify

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Allergies if any please specify

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Declaration:

I wish to confirm that all the information given is true to the best of my knowledge. I have read and accepted information contained in the prospectus, as well as terms and conditions governing fees, restricted foods. I am aware of the fact that the course conditions and programs can be changed without prior notice and that registration and term fees are non-refundable.

Signature of Parent.....

Name.....

Date.....



Please submit the following documents at the time of admission: -

- 1) Registration form
- 2) Copy of Birth Certificate
- 3) Passport copy
- 4) 1 photograph
- 5) A copy of Health Card
- 6) Signed infant suspension declaration obtained from nursery