



# Little Gems Nursery

P.O. Box 693, P.C. 114, Sultanate of Oman, Tel 2449 9401 - 9783

Email: [principal@littlegemsoman.com](mailto:principal@littlegemsoman.com)

## REGISTRATION FORM

Name of your Child.....

Sex      Male                                            Female                     

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

Age.....

Nationality.....

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

Fathers job Title.....

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

Mothers job Title.....

Contact e-mail address.....

Present Address.....

.....

.....Telephone.....

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

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Known allergies.....

*None completion is taken as no known allergies*

<u>Allergy</u>	<u>Reaction</u>	<u>Treatment</u>

### MINIMUM EXCLUSION PERIOD FROM NURSERY

**When on Antibiotics:** First 2 days at home

**Chickenpox:** 7 days from appearance of the rash and all blisters have dried into scabs

**Conjunctivitis:** 24 hours at home with prescribed medication

**Diarrhea:** 48 hours at home

**Gastroenteritis:** home until authorised by the doctor

**Hand, foot and mouth:** 5 – 3 days from the appearance of the blisters

**Lice:** Until appropriate treatment has been given and no eggs are seen

**Measles:** 7 days from appearance of rash

**Meningitis C:** Until recovered from illness

**Rubella:** 4 days from the appearance of the rash

**Scarlet fever:** No less than 3 days from the start of treatment

**Vomiting:** 48 hours at home

**Heavy Nasal Discharge:** With changes in consistency and colour (whitish to greenish): at least 24 hours at home.

**Impetigo:** until the skin is healed

**Infective hepatitis:** 7 days from onset of Jaundice

**Mumps:** Unless the swelling has subsided and, in no case less than 7 days from the start of treatment  
**Poliomyelitis:** Until authorized by the doctor

**Whooping Cough:** 21 days from the onset of paroxysmal cough

Signature.....Date.....

## MY PARENTS CONSENT

*Please circle your choice and sign*

Permission to administer non prescriptive medicine such as Calpol and insect bite cream in times of need.	<b>YES</b>	<b>NO</b>
In the event of emergency and parents cannot be reached, permission to take your child to hospital. I agree to pay any/full costs incurred and take full responsibility for the treatment.	<b>YES</b>	<b>NO</b>
If my child is sick, he/she will not attend Nursery until fully recovered from illness or cleared of any infection.	<u>Signature</u>	

## OTHER CONSENTS

*Please circle your choice and sign*

Permission to post your child's photo on our Website/Electronic devices/Facebook and Instagram?	<b>YES</b>	<b>NO</b>
I hereby grant my child permission to participate in all Nursery activities and to play on all equipment inside the Nursery grounds, understanding that slides, tricycles and larger play equipment will be used on a regular basis. I will not hold the Nursery responsible for any injury incurred whilst using any equipment within the Nursery, provided the child was supervised and the equipment is in good condition.	<b>YES</b>	<b>NO</b>

## NOTERISATION

*I acknowledge and accept that full term payment must be paid within 7 days of starting each term. No refunds or discounts will be given for partial attendance or withdrawal from the Nursery before term ending. Payments must be made in Cash Only.*

Signature .....Date.....

**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 and restricted foods. I am aware of the fact that the course conditions and programs can be changed without prior notice.*

Signature of Parent.....

Name.....

Date.....

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

<i>Documents needed</i>	<i>Please tick</i>	<i>Official use only</i>
<i>Registration form</i>		
<i>Copy of Birth Certificate</i>		
<i>Passport copy</i>		
<i>1 photograph</i>		
<i>A copy of Health Card</i>		
<i>Signed infant suspension declaration obtained from nursery</i>		

