



Early Learners Nursery

Website : earlylearnersnursery.com

Email: earlylearnersnurserybahrain@gmail.com Tel: 13613972 or 39380018

REGISTRATION FORM

Date: _____

Family Name: _____ Name of Child: _____

Boy/Girl: _____ Date of birth (DD/MM YYYY): _____

CPR Number: _____ Nationality: _____

Religion _____. Previously attended Nursery: Y/ N: ____

Languages spoken at home: _____

How many days? (Please circle): Sunday, Monday, Tuesday, Wednesday and Thursday

Please note: Nursery aged children should attend every day.

Any medical conditions/ allergies / special instructions: _____

CONTACT DETAILS

Mother's name: _____ Occupation : _____ Mobile No: _____

Father's name: _____ Occupation: _____ Mobile No: _____

Residential address: _____

Email address: _____

Other emergency contact name/tel. no: _____

Registration Fee BD 50 paid on: _____ Deposit Fee BD 100 paid on: _____ Requested Start Date: _____

Documents:- * passport photo ___ *CPR Copy ___ * vaccination copy ___ * Medical Form ___ * Photo Permission ___

Please note that registration fees are required cannot be refunded. School fees are payable one term in advance and are not refundable or transferable. We cannot give refunds or discounts for any leave taken during the school terms, eg for periods of absence or sickness (Term Fees-5 days: BD 770/-, 4 Days: BD 650/-, 3 days: BD 520/-). Please make cheques payable to 'Early Learners'. No credit card payments are accepted.

I have read and understood the above. Signed: _____