



# Little Gems Pre-School Application Form

Please read the "**Application Information and Guidance**" and "**Fee Regulations**" before completing and submitting this form.

**Fill in this form in CAPITAL LETTERS and blue or black biro only**

## **Details of Child**

Surname / Family Name:	Male/ Female:
First Name:	Middle Names:
Date of Birth (DD/MM/YY):	Nationality: (According to passport)
CPR No:	Home Language:
Desired date of admission:	

## **Present School or Last School Attended**

Name and Address:

\_\_\_\_\_

Current Year Group: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Brothers or Sisters applied for, attending or previously attended Little Gems.**

Name(S): \_\_\_\_\_

Date(s) of Birth: \_\_\_\_\_

<b>Mother or Female Legal Guardian Details</b>	<b>Father or Male Legal Guardian Details</b>
Relationship to Child	Relationship to Child
Title (Dr, Mrs, Sheikha etc)	Title (Dr, Mr, Sheikh etc)
Family Name	Family Name
Nationality & First Language	Nationality & First Language
Occupation	Occupation
Mobile telephone Number in Bahrain(if available)	Mobile telephone Number in Bahrain(if available)
Overseas Telephone Number (if available)	Overseas Telephone Number (if available)
Email Address	Email Address
Employer Name / Company	Employer Name / Company

**Invoice Details (must be completed)**



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<b>Your Name:</b>
<b>Address in Bahrain:</b>
House / Villa No:
Compound Name:
Road / Avenue No:
Block No / Area:
Work Telephone No:
<b>Payment will be made by:</b>
Name:

### Parent's / Legal Guardian's Statement

I wish to apply for a place at Little Gems Pre-School for (Child's Name):

*I have read and understood the 'Application Information and Guidance' and the 'Fee Regulations' that accompany this form and will abide by the conditions therein should my child be accepted into the School*

Name of Parent or Legal Guardian:

Signature of Parent or Legal Guardian:

Date:

Please email the completed Application Form and other required items to the following address or deliver by hand to our School Administration Office.

**Tel. Office:** [+973 17694356](tel:+97317694356)

**E-mail:** [info@little-gems-preschool.com](mailto:info@little-gems-preschool.com)

*If submitting your application electronically by email, please contact the Admissions office for details on how to pay the Application Fee.*



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Please read the "**Application Information and Guidance**" and "**Fee Regulations**" before completing and submitting this form.

## Pupil Background Information

Has your child ever received Learning Support or extra help?

Yes / No

If yes, please give details (type and frequency of support)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of any problems – disciplinary, medical, physical, social or psychological (use separate sheet if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child currently receiving additional assistance for English Language?

Yes / No

If yes, please give details (type and frequency of support)

Have you ever used the following specialist services for your child?

Child/Educational Psychologist

Child Psychiatrist

Speech therapist

Physical Therapist

Occupational Therapist

Audiologist

Behavioural Therapist

Optometrist

Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If yes to any of the above, please provide reports.

### **Special Circumstances**

Please inform us in a covering letter if:

1. the parents are separated or divorce.
2. there are any Court Orders in relation to the child; for example, as to parental responsibility, residence, contact, other specific issues.

**Signature of Parents (Guardian):** \_\_\_\_\_

**Date:** \_\_\_\_\_



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### Student Health Information

**STUDENTS NAME:** \_\_\_\_\_

**DATE OF BIRTH (DD/MM/YY):** \_\_\_\_\_

- |   | Yes / No  |
|---|---|
| Is your child allergic to any medication, food or product? (For example, penicillin, peanuts)   | <input type="checkbox"/> <input type="checkbox"/> |
| Is your child taking any regular medication or is he /she receiving regular treatment?<br>(For example, Insulin, Ritalin, anti-epileptic medication, inhalers etc.) | <input type="checkbox"/> <input type="checkbox"/> |
| Does your child have any specific health, behavioural, emotional or psychological problems?   | <input type="checkbox"/> <input type="checkbox"/> |
| Does your child have any hearing or hearing related problems?(For example, grommets)  | <input type="checkbox"/> <input type="checkbox"/> |
| Does your child have any problems with eyesight or does he / she wear glasses?  | <input type="checkbox"/> <input type="checkbox"/> |

Please give details of any illness, operations or injuries since birth:

**Has your child had or required treatment for any of the following? (If yes, please give brief details below)**

CONDITION	YES/NO	CONDITION	YES/NO
Asthma	<input type="checkbox"/> <input type="checkbox"/>	Sickle Cell Anaemia	<input type="checkbox"/> <input type="checkbox"/>
Hay Fever	<input type="checkbox"/> <input type="checkbox"/>	Congenital Heart Disease	<input type="checkbox"/> <input type="checkbox"/>
Diabetes	<input type="checkbox"/> <input type="checkbox"/>	Hepatitis	<input type="checkbox"/> <input type="checkbox"/>
Epilepsy	<input type="checkbox"/> <input type="checkbox"/>	Measles	<input type="checkbox"/> <input type="checkbox"/>
Chicken Pox	<input type="checkbox"/> <input type="checkbox"/>	Mumps	<input type="checkbox"/> <input type="checkbox"/>
Fits/Convulsions	<input type="checkbox"/> <input type="checkbox"/>	German Measles/Rubella	<input type="checkbox"/> <input type="checkbox"/>
Persistent Headaches	<input type="checkbox"/> <input type="checkbox"/>	Kidney Problems	<input type="checkbox"/> <input type="checkbox"/>
Serious Operations/Hospitalisation	<input type="checkbox"/> <input type="checkbox"/>	Thyroid Problem	<input type="checkbox"/> <input type="checkbox"/>
Bone/Joint Disease	<input type="checkbox"/> <input type="checkbox"/>	Others:	<input type="checkbox"/> <input type="checkbox"/>
Haemophilia/Thalacaemia	<input type="checkbox"/> <input type="checkbox"/>		
Details			

**Signature of Parents (Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Little Gems Pre-School

## Application Form

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### Recommended Immunisation Schedule in the Kingdom of Bahrain

#### Note:

Parents and caregivers of children are advised to ensure completion of routine vaccination of their children prior to their enrolment in school.

- Patients with chronic diseases conditions and other high risk categories are advised to ensure completion of the recommended vaccination.
- Travellers are advised to visit their health center with enough time prior to their travel to complete the recommended vaccination according to their travel destination.

#### General vaccine contraindication

- The vaccine is contraindicated in case of severe allergic reaction to vaccine component or following a prior dose.
- Fitness certificate from treating physician is recommended for immunocompromised and cancer patients.
- Moderate to severe illness at the time of vaccination.

#### Ministry of Health Vaccination Guide

[https://www.moh.gov.bh/Content/Files/HealthInfo/Vaccination%20Educational%20Guide%20\(English%202017\)%20for%20web.pdf](https://www.moh.gov.bh/Content/Files/HealthInfo/Vaccination%20Educational%20Guide%20(English%202017)%20for%20web.pdf)

#### Glossary

HB	Hepatitis type B Vaccine
HA	Hepatitis type A Vaccine
OPV	Oral Polio Vaccine
IPV	Inactivated Polio Vaccine
Rota Vaccine	Rota Virus Vaccine
Hib	Hemophilus Influenza type B Vaccine
Flu Vaccine	Influenza Vaccine
MMR	Measles, Mumps and Rubella Vaccine
DPT	Diphtheria, Pertussis, Tetanus Vaccine
Td	Tetanus, diphtheria Vaccine (adult)
DTaP	Diphtheria, Tetanus acellular Pertussis Vaccine for children
Tdap	Tetanus, diphtheria, acellular pertussis vaccine for adolescents and adults
DT	Diphtheria, Tetanus vaccine (Paediatric)
Hexavalent	Combined IPV, DPT, HB, Hib
Pentavalent	Combined DPT, HB, Hib
BCG	Bacillus Calmette-Guerin (vaccine against Tuberculosis)



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AGE	VACCINE	DOSE
<b>CHILDREN</b>		
At birth	BCG for newborns born to parents originally from endemic countries	Single dose
	Hepatitis B for newborns	Birth Dose
2 months	DaPT (Diphtheria, Pertussis, Tetanus), Hepatitis B, Haemophilus Influenza Type B (Hib) + Inactivated Polio (as Hexavalent)	1 <sup>st</sup> Dose
	Pneumococcal Conjugate (PCV)	1 <sup>st</sup> Dose
	Rota vaccine (oral)	1 <sup>st</sup> Dose
4 months	DaPT (Diphtheria, Pertussis, Tetanus), Hepatitis B, Haemophilus Influenza Type B (Hib) + Inactivated Polio (as Hexavalent)	2 <sup>nd</sup> Dose
	Polio Vaccine (Oral Polio Vaccine)	2 <sup>nd</sup> Dose
	Pneumococcal Conjugate (PCV)	2 <sup>nd</sup> Dose
	Rota vaccine (oral)	2 <sup>nd</sup> Dose
6 months	DPT, Hepatitis B, Hib (Pentavalent)	3 <sup>rd</sup> Dose
	OPV (Oral Polio Vaccine)	3 <sup>rd</sup> Dose
12 months	MMR (Measles, Mumps, Rubella)	1 <sup>st</sup> Dose
	Varicella	1 <sup>st</sup> Dose
15 months	Pneumococcal Conjugate (PCV)	Booster
	Hepatitis A	1 <sup>st</sup> Dose
18 months	MMR (Measles, Mumps, Rubella)	2 <sup>nd</sup> Dose
	DPT, Hib (tetavalent) or Pentavalent according to availability	1 <sup>st</sup> Booster
	OPV (Oral Polio Vaccine)	1 <sup>st</sup> Booster
2 years	Meningococcal Conjugate (ACYW)	Single Dose
	Hepatitis A	2 <sup>nd</sup> Dose
3 years	Varicella	2 <sup>nd</sup> Dose
4-5 years	DTaP-IPV (Diphtheria, Tetanus, Pertussis, Inactivated Polio)	2 <sup>nd</sup> Booster
	OPV (Oral Polio Vaccine)	2 <sup>nd</sup> Booster
	MMR (Measles, Mumps, Rubella) if no documents of 2 valid doses of MMR vaccination previously.	2 <sup>nd</sup> Booster if not completed
13 years	Tdap (Tetanus, Diphtheria, Pertussis)	Booster



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### Application Checklist

Please use this checklist to ensure that the Application Package you send or give to us is complete

**Child's Name:**

Consideration and processing of your application will be delayed if you:

- Omit any of the requested items
- Do not complete forms as completely as possible, accurately and legibly
- Have not signed the “Parent’s / Legal Guardian’s Statements” of the Application Form

**Please tick each box to signify that you have completed the required aspect of the application.**

**Applications will NOT be accepted if any of the boxes are unticked.**

APPLICATION CHECKLIST	
<b>All requested and other relevant information is included with this application</b>	<input type="checkbox"/>
<b>A copy of the child's passport is included</b>	<input type="checkbox"/>
<b>One passport photograph of the child included</b>	<input type="checkbox"/>
<b>A copy of the child's CPR or Smart Card is included</b>	<input type="checkbox"/>
<b>The form has been completely and accurately filled in</b>	<input type="checkbox"/>
<b>You have disclosed any Special Circumstances</b>	<input type="checkbox"/>
<b>The Fee Regulations have been read</b>	<input type="checkbox"/>
<b>The Parent's / Legal Guardian's statement below has been signed</b>	<input type="checkbox"/>

**Parent's / Legal Guardian's Statement**

I UNDERSTAND THAT IF I FAIL TO DISCLOSE ANYTHING THAT IS PERTINENT TO THE APPLICATION AND ADMISSION FOR MY CHILD, PLACEMENT, IF ISSUED, COULD BE WITHDRAWN

Tick

Name of Parent or Legal Guardian:

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Signature of Parent or Legal Guardian: Date:

**If we learn that relevant information has not been revealed, any offer of place will be withdrawn, even if your child has already begun to attend Little Gems.**



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### Parent's / Legal Guardian's Statement

If your child is offered a place, you will be required to sign a statement to show that you have read and accept the conditions laid down in this Application Form and also those described on the Acceptance Form. The following is an indication of the conditions; please note, however, that it is the wording on the Acceptance Form that determines the final conditions.

***If we offer your child a place at the School and you wish to accept the offer, you will be asked to confirm that you understand and accept the following:***

- Your child will follow the full curriculum as directed by the School.
- If your child is on the waiting list, we cannot guarantee when we will be able to offer a space.
- Your child will be required to follow the requirements of the School in all respects including uniform (including PE uniform) behaviour, deportment, attitude and academic progress.
- At the sole discretion of the School, your child may be required to repeat a school year or to leave the School if we judge that he or she is not benefitting sufficiently from Little Gems.
- At the sole discretion of the School, your child's place, or children's place if more than one child is enrolled, may be withdrawn and he / she / they will be required to leave the School, should any of the conditions listed in, referred to or implied by this Parent's / Legal Guardian's Statement be broken by you or your child.
- Your child will be expected to regularly attend school – regular attendance is essential to promote the education of all pupils, and extended absences will not only affect an individual child, it can also impact on the education of their peers.
- Your child has been vaccinated in accordance with the Ministry of Health of Bahrain Immunisation Schedule, and will continue to follow the schedule of vaccinations for the duration of their time at Little Gems.
- You have read and will abide by the regulations relating to payment of tuition and other fees and charges.
- Fees are payable per term and must be paid by the date stated on the invoice.
- The school reserves the right to request a deposit for school fees in advance of the due date.
- Deposits are non refundable.
- Fees must be paid in full by Bahraini Dinar cheque drawn from a local Bahrain bank or cash.
- We are unable to accept post dated cheques.
- The school will issue invoices at least one month in advance of the payment due date.
- Fees not paid by the due date may result in the child's place being reallocated.
- Fees paid are non refundable unless written notice is given by email or handed in to the office prior to the start of the term. 75% of fees will be refunded, excluding any deposit.
- Once the term is started fees cannot be refunded unless;
  - The child has not settled and it is agreed between the school and the parents for them to leave and try again at a later date.
  - The child is excluded by the school.
  - The child has to leave for compassionate reasons (the school will assess each case individually)
  - The child's family is relocating and leaving Bahrain.  
(The school requires a month notice and a stamped letter from the Father's company stating that the family will not be returning to Bahrain in the next 6 months).
- Refunds given after the term has started are pro rata, not exceeding 50%.
- Fees are due for the entire term regardless of absences or holidays.
- The school reserves the right to increase fees at any time during the school year.

**You should not apply for a place if you are not prepared to accept conditions such as these.**





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### School Fees 2019 – 2020

Year Group	Attendance	Fees Per Term
Pre-Nursery	5 days per week	BD770.000
	4 days per week	BD685.000
	3 days per week	BD605.000
Nursery	5 days per week	BD795.000

Children in Pre-Nursery may be registered to attend either 3,4 or 5 days per week; Nursery children must be registered to attend 5 days per week.

#### Parents with Part Time Pre-Nursery Children please note:

- We are unable to guarantee extra days later on in a school year, e.g if your child attends school 3 days a week at the start of the year, an increase to 4 or 5 days at a later date can only be allocated subject to availability.
- Part time children cannot always be accommodated for special events such as school photographs and parties. They may also miss P.E as this are scheduled on the same day every week.