

| I. CHILDS DETAILS | | | | | | |
|-----------------------------|------------------------|----------------|------------------|-----------------|--|--|
| Name: | | | | | | |
| Nickname of child (if any): | | | Date of Joining: | | | |
| Gender: | Date of Birth: | | _ Place | Place of Birth: | | |
| Age: | Nationality: R | | _ Religio | eligion: | | |
| Languages spoken at home: | 1 2. | | _ 2 | | | |
| Address: | | | | | | |
| | | | | | | |
| 2. FAMILY DETAILS | | | | | | |
| Father's Name: | Mother's | | | | | |
| Nationality: | | Nationali | | | | |
| Mobile Number: | | Mobile N | umber: _ | | | |
| Work Number: | | Work Nu | | | | |
| Home Number: | | Home Nu | ımber: _ | | | |
| Email Address: | | Email Address: | | | | |
| 3. EMERGENCY CONTA | ACT DETAILS | | | | | |
| | | | | | | |
| 1. Name: | Relationship to child: | | | Mobile Number: | | |
| 2. Name: | Relationship to child: | | | Mobile Number: | | |
| 3. Name: | Relationship to child: | | | Mobile Number: | | |
| 2.4 DEDEONE AUTHORISE | | AV CHILD | | | | |
| 3.1 PERSONS AUTHORISE 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

Your child will only be allowed to leave the centre with the above mentioned people. Should you need any other person to collect your child, you must first authorize this at reception.



4. ATTENDANCE BOOKING

Please choose your preferred days and times from the options below.

Pre-school timings are from 9:00am to 12: noon.

Late pick up fees will be charged from 12:15pm onwards

Social Skill Development timings are from 1.00pm to 4.00pm.

Late pick up will be charged from 4.15pm onwards.

Therapeutic sessions are booked at your preferred timings and are available from 5pm-9pm. Kindly seek assistance from our administration office to book your preferred time and day.

5. MEDICAL QUESTIONNAIRE

| Has your child had any of the | ne following | illnesses or suffer from | any of these conditions? | | | | | |
|--|--------------|--------------------------|---------------------------|-----|------|--|--|--|
| Regular Medication | Yes | ☐ No | Vison Impairments | Yes | ☐ No | | | |
| Hearing Difficulties | Yes | ☐ No | Respiratory Difficulties | Yes | No | | | |
| Skin Conditions | Yes | ☐ No | Frequent Colds/Sinusitis | Yes | No | | | |
| Chicken Pox | Yes | ☐ No | Vison Impairments | Yes | ☐ No | | | |
| Whooping Cough | Yes | ☐ No | Fainting | Yes | ☐ No | | | |
| German Measles (Rubella) | Yes | ☐ No | Asthma | Yes | ☐ No | | | |
| Epilepsy | Yes | ☐ No | Mumps | Yes | ☐ No | | | |
| Diabetes | Yes | ☐ No | Rheumatic Fever | Yes | ☐ No | | | |
| Heart Trouble | Yes | ☐ No | Tonsillitis | Yes | ☐ No | | | |
| Operations (Specify) | | S | erious Injuries (Specify) | | | | | |
| In order to meet the developmental needs of all children, class placement is very important. Please answer the following questions, bearing in mind that your answer will not impact your child's place at Little Pandas EIC. Special educational needs, disabilities, or concerns: Yes (please specify) No Previously or Currently receiving specialized therapies (speech, occupational) or learning support: Yes (please specify) | | | | | | | | |
| No | | | | | | | | |



| 5.1 Allergies | | | | | | | | |
|---|-------------------|----------------------------|-------------|----------------------|------------|---------------|--------|-----|
| Allergic to medication: Yes / No | Aller | Allergic to food: Yes / No | | | | | | |
| Please specify | Please specify | | | | | | | |
| Reaction | Read | ction | | | | | | |
| Other Allergies: Yes / No | | | | | | | | |
| Please specify | | | | | | | | |
| Reaction_ | | | | | | | | |
| 6. MEDICINE ADMINISTRATION | The daily control | - progr | rom io vo | um (a a ti | ve and m | o quiro e the | at the | |
| If your child is unwell they should not attend centre, child is in good health to be able to benefit and enjoyee ask you to please keep your child at home. | | | | | | | | it, |
| In the event that a child gets sick during the time at medication. | the centre, we i | require | your cor | nsent t | o admin | ister the fol | lowing | |
| Paracetamol – In case of a fever above 38 degrees | Celsius | Yes | | No | | | | |
| Anti histamine – In the case of an allergic reaction | | | | No | | | | |
| Arnica Gel – In the case of bumps, bruises and bites | | | | No | | | | |
| 7. PHOTOGRAPH AGREEMENT | | | | | | | | |
| Please tick below if you give consent for your child to internally, in newsletters, yearbooks and bulletin boa | | | | | | | | |
| Yes, I agree that my child is photographed | No,I do not | agree tl | hat my cl | hild is _l | ohotogra | phed | | |
| REGISTRATION CHECKLIST | | | | | | | | |
| Completed registration form | | Recer | nt passpo | rt sized | l photogr | aph of child | | |
| Copy of child's birth certificate | | Сору | of child's | medica | al insuran | ice card | | |
| Copy of child's CNIC | | Regist | tration fee | es | | | | |
| Copy of parent's CNIC | | Term f | ees | | | | | |



TERMS AND CONDITIONS

Please read and sign agreement of the Terms and Conditions below, which are applicable to your child's enrolment at Little Pandas EIC.

Age of Admission

We accept children from one year to four years of age, at the start of the academic year.

Nursery Timing

Little Pandas EIC is open from Monday to Friday from 9:00am to 9:00pm.

Registration Fees

Registration fees are payable upon registration and apply to enrolment of the specific child. The registration fees are non-refundable and non-transferable.

Tuition fees

Tuition fees are to be settled in full before the start of the new term, or by the first week of the term at the latest. If starting in the running term tuition fees will be due in full upon registration. The Centre will not be able to offer 'make up days' due to illness, public or family holidays. During the Holy Month of Ramadan, we are not able to discount any missed weeks.

Late pick up Fee

The amount of 100PKR will be charged if child is picked up 15 minutes later than the booked session timing.

Arrivals and Departure of Children

Little Pandas EIC is committed to ensure the safety and welfare of all our children, therefore please ensure upon arrival your child is handed over to his/her teacher. Also children must be collected by the named person/persons on the registration form. If you are unable to collect your child please contact the Centre so we can ensure the appropriate care is provided for your child.

Withdrawal Notification

If you wish to withdraw your child from the Centre, we request three months / one term's written notice. Once your child is enrolled, it is assumed that they will continue until the end of the current academic year, unless informed otherwise in writing

Illness

Children who are sick are requested to stay at home until their health improves. Little Pandas EIC will not allow children to enter the Centre until they are symptom free. If your child develops a fever, rash, diarrhea, vomiting, conjunctivitis, head lice or other contagious conditions, you are requested to keep your child at home until a Dr's clearance letter can be provided.

Confirmation

I/We understand the conditions of admission and agree to abide by the same. In signing the admission form I/We are acknowledging the protocols set by the Centre and accept the same as being the final declaration of admission for my child and his/her welfare and well-being.

| Parents Name: | | |
|---------------|--|--|
| Signature: | | |
| Date: | | |