

Registration Form



Registration Requirements Checklist (Office use only)

Completed and signed registration form <input type="checkbox"/>	Completed medical form <input type="checkbox"/>	4 X Child's passport photo <input type="checkbox"/>
Child's passport copy <input type="checkbox"/>	Copy of child's resident visa <input type="checkbox"/>	1 X Each parent's passport photo <input type="checkbox"/>
Copy of child's vaccination record (Must be up to date) <input type="checkbox"/>	Emirates ID copy of the child and both the parents <input type="checkbox"/>	Passport and residency copy for each parent <input type="checkbox"/>



Child's Information

Child's First Name :	Middle Name :	Last Name :
Date of Birth :	Gender : M/F	
Religion : (requirement from the ministry)	Nationality : (requirement from the ministry)	
Home address :		
Home Phone Number :	Start Date :	

Parent's Information

Mother	Father
Full Name :	Full Name :
Mobile Number :	Mobile Number :
Work Number :	Work Number :
Email :	Email :
Nationality : (requirement from the ministry)	Nationality : (requirement from the ministry)
Place of Work :	Place of Work :



Emergency Contact Details (Other than parents)

In the case of an emergency where we cannot reach either of the parents, Erudio ECC will contact the emergency contacts listed below.

Full Name :	Contact Number :	Relationship to the child :
Full Name :	Contact Number :	Relationship to the child :

Days and Timing

Spaces are subject to availability and every effort will be made to accommodate your preferred days and timings. Tick your preferred days and times

Drop off Time : <input type="checkbox"/> 07:00 AM (Early bird) <input type="checkbox"/> 08:00 AM <input type="checkbox"/> 08:30 AM	Pick Up Time : <input type="checkbox"/> 12:30 PM <input type="checkbox"/> 01:00 PM <input type="checkbox"/> 02:00 PM <input type="checkbox"/> 03:00 PM <input type="checkbox"/> 04:00 PM <input type="checkbox"/> 05:00 PM <input type="checkbox"/> 06:00 PM	Days : <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Term 1 <input type="checkbox"/> Term 2 <input type="checkbox"/> Term 3 <input type="checkbox"/> All Year Programme
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Additional Information

Does your child have any additional physical, emotional, psychological or language needs? YES/NO
If yes please explain:

Are there any family circumstances that you think we should be aware of? YES/NO
If yes please explain:

How did you hear about us?

- | | | | | |
|--|------------------------------------|---|----------------------------------|--------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Facebook | <input type="checkbox"/> From Our Partners | <input type="checkbox"/> Radio | <input type="checkbox"/> Other |
| <input type="checkbox"/> Search Engine | <input type="checkbox"/> Instagram | <input type="checkbox"/> Magazine / Newspaper | <input type="checkbox"/> On site | |



Consent for Photographs

Erudio ECC will take photographs of children for development and observational purposes. Some photos maybe used for advertising on Facebook, Instagram, Website and newsletters. Photos used on the 'Parent App' will only be shared with parents of the children from the same class and individual parents.

I agree for Erudio ECC to take photos of my child and use them for:

Social Media :

YES NO

Parent App :

YES NO

News Letter :

YES NO

Website :

YES NO

I confirm that all the information provided on the registration form is true and accurate.

I agree that in the event that the information provided is inaccurate or incorrect, Erudio ECC reserves the right to withdraw the application. Any changes made to the above information will be communicated to Erudio ECC immediately

Name: Signature: Date:

Office use only

Application processed by : Payment received : Yes No

Payment amount : Date :

Discount information (if applicable) : Uniform received : Yes No

Staff Signature

Any other comments:

