



## REGISTRATION FORM

### Child's Information

Name:

Gender:  Date of Birth:  /  /

Nationality:  Religion:

First Language: \_\_\_\_\_ Other Language(s): \_\_\_\_\_

Siblings: \_\_\_\_\_

Special Learning Needs (if any): \_\_\_\_\_

### Enrollment Preference

Please tick (to indicate yes) in the box, as appropriate.

Term Start Date                  Sept-Dec                   Jan-March                   April-June

Other Start Date (in case of mid-term start)  /  /

Weekly Plan                          5 Days                           3 Days                           2 Days

Extended Care Option: Early Bird 7:30-8:00 am       Afternoon Club: 2:00 - 5:00 pm       2:00 - 6:00 pm

### Parents' Information

	Mother	Father
Full Name		
Nationality		
Employer		
Occupation		
Home Address		
Mailing Address		
Mobile Tel. No.		
Work Tel. No.		
E-mail		

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Name of Parent/Guardian

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

## A PART OF AMITY EDUCATION GROUP

Littlewoods Early Learning Center, The Galleries, Building 1, Downtown Jebel Ali, Dubai, U.A.E. • T: +9714 8837005 • F: +9714 8837006  
Email: galleries@littlewoodsnursery.com • Website: www.littlewoodsnursery.com • Littlewoods Early Learning Centre

### For Office Use Only

Date Received:		Administrator:	
Fees Received:		Receipt No.:	
Follow Up:			