



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
Email: galleries@amityedu.ae • Website: www.littlewoodsnursery.com • Littlewoods Early Learning Center

For Office Use Only

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