**Thank you for choosing PreScholars Nursery for your child’s Education and day care needs.**

****

**Contact us: (landline) +974 4468 8520 (mobile) +974 5557 2533**

**Email:** **info@prescholarsnursery.com**

**Website: www.prescholarsnursery.com**

**Address: 102 Ibn Shabeeb rd.
 Al Aziziyah,
 P.O.Box: 45845, Doha – Qatar**

 /prescholarsnursery  /Prescholars  Prescholars prescholarsnursery

 **Registration Pack**

 Passport size photo

 of your child

***Childs Details***

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**QID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D.O.E. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office use only:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Class** | **Under 1** | **1-2** | **2-3** | **3-4** |
| **Joining date** |  |  |  |  |
| **Leaving date** |  |  |  |  |

***Mothers Details***

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ QID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact No: H\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Fathers Details***

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ QID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact No: H\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Emergency Contact***

 **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**QID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ QID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact No: H\_\_\_\_\_\_\_\_\_\_\_\_ W\_\_\_\_\_\_\_\_\_\_\_\_ Contact No: H\_\_\_\_\_\_\_\_\_\_\_\_ W\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office use only:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Days per week | Sunday | Monday | Tuesday | Wednesday | Thursday |
|  |  |  |  |  |  |

***How did you find out about PreScholars Nursery? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Documents and forms required for registration:***

|  |  |  |  |
| --- | --- | --- | --- |
| Child | Received | Filed | System |
| 1. Immunisation card copy
 |  |  |  |
| 1. Passport photo x 3
 |  |  |  |
| 1. Birth certificate copy
 |  |  |  |
| 1. Copy of Childs Passport and QID card/residence permit (front and back)
 |  |  |  |
| 1. Medical form
 |  |  |  |
| 1. Allergies form (attach photo)
 |  |  |  |
| 1. Photo consent
 |  |  |  |
| 1. Doctor consent
 |  |  |  |
| 1. Individual care plan
 |  |  |  |
| 1. Class form
 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Both Parents | Received | Filed | System |
| 1. Copy of Passport and QID card/residence permit (front and back)
 |  |  |  |
| 1. Emergency contacts and QID card/residence permit (front and back) copy
 |  |  |  |
| 1. Signed and fully completed registration pack
 |  |  |  |

***Please be aware that no child may start nursery until all above mentioned documents have been FULLY completed and received by nursery administration.***

***I*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please print name) have read, understood and agree with all the contents of page 2 and 3***

***Parents Signature: Date:***

 ***Nursery Hours***

|  |  |
| --- | --- |
| *Nursery Hours*  | *Timings* |
| *Nursery day* | ***6:30am-2:30pm*** |
|  *Late owls* | ***2:30pm-5:00pm*** |

 ***Fees Structure***

|  |  |
| --- | --- |
| Once off Registration Fee | QR 1,100 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Days per week | September Fees6:30am-2:30pm | Term Fees3 months6:30am-2:30pm | Late OwlsExtended Hours2:30pm-5pmper month |  Late OwlsExtended Hoursper term |
| *5* | QR 3,850 | QR 10,710 | QR 700 | QR 2,100 |
| *4* | QR 3,317 | QR 9,228 | QR 600 | QR 1,800 |
| *3* | QR 2,782 | QR 7,740 | QR 500 | QR 1,500 |
| *2* | QR 2,333 | QR 6,489 | QR 400 | QR 1,200 |

**Please see page no. 13 for our annual fees payment discounts.**

**Waiting list**

***PreScholars accept applications all year round, should the nursery be full your child’s name will be placed on our waiting list. When a place becomes available in the required class, we offer a place based on the waiting list on a first come first serve basis.***

Office use only:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday |
| LATE OWL |  |  |  |  |  |

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name) have read, understood and agree with all the contents of page 4.**

***Parents Signature: Date:***

***Payment Plan***

|  |  |  |
| --- | --- | --- |
| September | Settle in month | *Monthly or annual payments accepted* no later than 1st September 2019 |
| October-December | Term 1 | ***Only Term payment accepted* no later than 30th September 2019** |
| January-March | Term 2 | ***Only Term payment accepted* no later than 30th December 2019** |
| April-June | Term 3 | ***Only Term payment accepted* no later than 30th March 2020** |
| July or August | Summer camp | **Payments depending on attendance****Prior to child attending.** |

**Fees Policy**

* **Fees are payable by cash, or bank transfer.**
* **Bank transfer details are:**

**Prescholars Nursery School**

 **A/C no. 100000643299**

 **IBAN: QA73BRWA000000000100000643299**

 **Please issue the receipt of transaction to admin staff.**

* **Fees are paid on a termly basis only, except for the month of September.**
* **Please be aware that registration fees and tuition fees are non-refundable non-transferable and non-negotiable.**
* **We do not provide any discount on fees during scheduled nursery holidays, when a child is absent for any reason or if PreScholars is requested to close by authorities.**
* **We do provide a 10 % sibling discount on the fees for children registered for 5 days per week.**
* **Please see the discount table below for our advance payment discounts.**
* **Late Payments: any fees not paid as scheduled above in the payment plan will result in your child being unable to attend nursery until all outstanding fees are up to date.**
* **One months’ notice is required should you wish to withdraw your child from PreScholars nursery, should you not give notice you will be liable to pay the following terms fees.**
* **Please be aware that nursery hours will be shorter during Ramadan usually a 6 hour day starting at 8:00am (subject to change according to MOLSA) however fees structure will remain the same for this period.**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name) have read, understood and agree with all the contents of page 5.**

***Parents Signature: Date:***

***Medical form***

***Child’s Details***

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male/Female**

**Doctor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Child’s medical history***

|  |  |  |
| --- | --- | --- |
| *Illness* | Yes | No |
| Chicken pox |  |  |
| Mumps |  |  |
| Measles |  |  |
| German measles |  |  |
| Hand foot and mouth |  |  |
| Whooping cough |  |  |
| Scarlet fever |  |  |
| Pneumonia |  |  |
| Asthma |  |  |
| Meningitis |  |  |
| Bronchitis |  |  |
| Chronic Illness |  |  |
| Diabetes |  |  |
| Epilepsy |  |  |
| Heart trouble |  |  |
| Rheumatic fever |  |  |
| Convulsions |  |  |
| Kidney disease |  |  |
| Tuberculosis |  |  |
| Hearing impaired/ difficulty |  |  |
| Vision impaired/ difficulty |  |  |
| Speech impaired/ difficulty |  |  |
| Rheumatism  |  |  |
| Eczema/Skin disorders |  |  |

**Please write a brief summary of any current illness or conditions and associated medication that your child is taking at present or on a regular basis. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Medication Consent***

**Paracetamol will be administered in case of sudden fever at PreScholars. Only if your child has an allergy to paracetamol may you select Ibuprofen below. Ibuprofen will only be administered provided you have issued a doctor’s note explaining an allergy to paracetamol.**

**I (parent’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give consent for my child (child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to receive first aid, emergency and medical examination at PreScholars Nursery. PreScholars nursery is fully covered by public liability Insurance.**

## I give permission for paracetamol/Ibuprofen to be administered by qualified staff members if my child presents with a fever of 37.5 degrees Celsius or more.

 **Without this permission no child may attend nursery, in cases of allergy to paracetamol or ibuprofen a doctor’s note should be attached to your child’s file.**

**Office use only: Check medical file**

 **When a child presents with a sudden fever at nursery, parents will be notified first, if you are not contactable, a text message will be sent; paracetamol/ibuprofen will be administered and recorded on administering medication form. Once notified, you will be required to collect your child as soon as possible within an hour. Sick children must remain with the nurse/staff member in the medical room during this time until collected. Children on antibiotics are required to stay at home for the first 48 hours commencing administration and for at least 24 hours after a fever have subsided. Whilst considering the best interests of all the children at nursery, we reserve the right to ask you to take your child home if they are unwell. This decision will be made by the manager with guidance from the nursery nurse.**

**In the event of any other medical emergencies parents will be notified first, if you are not contactable, a text message will be sent and your child will be taken by ambulance to a doctor, clinic or Hamad Paediatric Emergency and treatment or medication will be given without prior consent. All efforts to contact parents will continue.**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name) have read, understood and agree with all the contents of page 6 and 7.**

***Parents Signature: Date:***

 ***Doctor Consent***

**The Ministry (MOLSA) requires a Doctor to visit the nursery once a month to do a general check up on children. The check-up is non-invasive and all findings will be brought to parent’s attention, to allow parents to make decisions on follow up treatment.**

**I (parent’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_give permission for the visiting Doctor to give my child (child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ general check up’s at PreScholars Nursery once a month.**

**I (parent’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_do not give permission for the visiting Doctor to give my child (child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ general check up’s at PreScholars Nursery once a month.**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name) have read, understood and agree with all the contents of page 8.**

***Parents Signature: Date:***

 **Allergy Alert**

 **Passport size photo**

 **of your child**

***Child Details***

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.E\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Allergy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reaction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Required medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instruction for administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In case of emergency**

**Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name) have read, understood and agree with all the contents of page 9.**

***Parents Signature: Date:***

 ***Photo Consent***

**We are continually taking picture of the children while learning and participating in activities at PreScholars. Most parents enjoy seeing what their children are learning and how they participate during nursery hours. These photos will be used for displays in the classroom, on notice boards around the nursery and on our face book page, advertising and website.**

**We also understand that some parents may not wish for their child to be photographed, displayed or on social media. Before making your decisions please do however consider how this may affect your child’s feeling being excluded from photo opportunities.**

**Please do not hesitate to check our Facebook account and follow our Instagram and Snapchat.**

**www.prescholarsnursery.com**

**I give photo consent for my child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I do not give photo consent for my child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print name) have read, understood and agree with all the contents of page 10.**

***Parents Signature: Date:***

 ***Important Details***

***Childs Details***

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **D.O.B.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**We would like to make your child’s transition to nursery as easy as possible. Some children have fears or phobias, likes or dislikes; we want to know all about them.**

**Please take the time to write a brief description of your child’s daily routine, include timings and preference for food and sleep, use of comforters and any important information that you think could help us to know and understand your child better. This will enable us to make nursery a happy, comfortable environment for your little one.**

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

**What to include:**

**Key words or phrases used or understood (language used at home)**

**Comforters and their names e.g. bunny, snugly, dum-dum(pacifier).**

 **Phobias e.g. claustrophobic, height, insects, balloons, clowns, loud noises.**

**Likes and dislikes**

**Important family members or relationships and their names.**

***2019 – 2020 Calendar***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **August ‘19** |  | **September ‘19** |  | **October ‘19** |
| **Su** | **M** | **Tu** | **W** | **Th** | **F** | **S** |  | **Su** | **M** | **Tu** | **W** | **Th** | **F** | **S** |  | **Su** | **M** | **Tu** | **W** | **Th** | **F** | **S** |
|  |  |  |  | **1** | **2** | **3** |  | **1** | **2** | **3** | **4** | **5** | **6** | **7** |  |  |  | **1** | **2** | **3** | **4** | **5** |
| **4** | **5** | **6** | **7** | **8** | **9** | **10** |  | **8** | **9** | **10** | **11** | **12** | **13** | **14** |  | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| **11** | **12** | **13** | **14** | **15** | **16** | **17** |  | **15** | **16** | **17** | **18** | **19** | **20** | **21** |  | **13** | **14** | **15** | **16** | **17** | **18** | **19** |
| **18** | **19** | **20** | **21** | **22** | **23** | **24** |  | **22** | **23** | **24** | **25** | **26** | **27** | **28** |  | **20** | **21** | **22** | **23** | **24** | **25** | **26** |
| **25** | **26** | **27** | **28** | **29** | **30** | **31** |  | **29** | **30** |  |  |  |  |  |  | **27** | **28** | **29** | **30** | **31** |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **November ‘19** |  | **December ‘19** |  | **January ‘20** |
| **Su** | **M** | **Tu** | **W** | **Th** | **F** | **S** |  | **Su** | **M** | **Tu** | **W** | **Th** | **F** | **S** |  | **Su** | **M** | **Tu** | **W** | **Th** | **F** | **S** |
|  |  |  |  |  | **1** | **2** |  | **1** | **2** | **3** | **4** | **5** | **6** | **7** |  |  |  |  | **1** | **2** | **3** | **4** |
| **3** | **4** | **5** | **6** | **7** | **8** | **9** |  | **8** | **9** | **10** | **11** | **12** | **13** | **14** |  | **5** | **6** | **7** | **8** | **9** | **10** | **11** |
| **10** | **11** | **12** | **13** | **14** | **15** | **16** |  | **15** | **16** | **17** | **18** | **19** | **20** | **21** |  | **12** | **13** | **14** | **15** | **16** | **17** | **18** |
| **17** | **18** | **19** | **20** | **21** | **22** | **23** |  | **22** | **23** | **24** | **25** | **26** | **27** | **28** |  | **19** | **20** | **21** | **22** | **23** | **24** | **25** |
| **24** | **25** | **26** | **27** | **28** | **29** | **30** |  | **29** | **30** | **31** |  |  |  |  |  | **26** | **27** | **28** | **29** | **30** | **31** |  |
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| **February ‘20** |  | **March ‘20** |  | **April ‘20** |
| **Su** | **M** | **Tu** | **W** | **Th** | **F** | **S** |  | **Su** | **M** | **Tu** | **W** | **Th** | **F** | **S** |  | **Su** | **M** | **Tu** | **W** | **Th** | **F** | **S** |
|  |  |  |  |  |  | **1** |  | **1** | **2** | **3** | **4** | **5** | **6** | **7** |  |  |  |  | **1** | **2** | **3** | **4** |
| **2** | **3** | **4** | **5** | **6** | **7** | **8** |  | **8** | **9** | **10** | **11** | **12** | **13** | **14** |  | **5** | **6** | **7** | **8** | **9** | **10** | **11** |
| **9** | **10** | **11** | **12** | **13** | **14** | **15** |  | **15** | **16** | **17** | **18** | **19** | **20** | **21** |  | **12** | **13** | **14** | **15** | **16** | **17** | **18** |
| **16** | **17** | **18** | **19** | **20** | **21** | **22** |  | **22** | **23** | **24** | **25** | **26** | **27** | **28** |  | **19** | **20** | **21** | **22** | **23** | **24** | **25** |
| **23** | **24** | **25** | **26** | **27** | **28** | **29** |  | **29** | **30** | **31** |  |  |  |  |  | **26** | **27** | **28** | **29** | **30** |  |  |
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| **May ‘20** |  | **June ‘20** |  | **July ‘20** |
| **Su** | **M** | **Tu** | **W** | **Th** | **F** | **S** |  | **Su** | **M** | **Tu** | **W** | **Th** | **F** | **S** |  | **Su** | **M** | **Tu** | **W** | **Th** | **F** | **S** |
|  |  |  |  |  | **1** | **2** |  |  | **1** | **2** | **3** | **4** | **5** | **6** |  |  |  |  | **1** | **2** | **3** | **4** |
| **3** | **4** | **5** | **6** | **7** | **8** | **9** |  | **7** | **8** | **9** | **10** | **11** | **12** | **13** |  | **5** | **6** | **7** | **8** | **9** | **10** | **11** |
| **10** | **11** | **12** | **13** | **14** | **15** | **16** |  | **14** | **15** | **16** | **17** | **18** | **19** | **20** |  | **12** | **13** | **14** | **15** | **16** | **17** | **18** |
| **17** | **18** | **19** | **20** | **21** | **22** | **23** |  | **21** | **22** | **23** | **24** | **25** | **26** | **27** |  | **19** | **20** | **21** | **22** | **23** | **24** | **25** |
| **24** | **25** | **26** | **27** | **28** | **29** | **30** |  | **28** | **29** | **30** |  |  |  |  |  | **26** | **27** | **28** | **29** | **30** |  |  |
| **31** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  | **Summer Camp** |  |  | **National holidays (nursery closed)** |
|  | **Vacation** |  |  | **Ramadan (reduced hours)** |
|  | **(nursery closed)** |  |  | **Staff Training (nursery closed to children)** |

|  |  |
| --- | --- |
| Full Annual Fees - Discount  | Full Annual fees discounted amount |
| QAR 35,980 - QAR 1,500 = | QAR 34,480 **5 days per week** |
| QAR 31,001 - QAR 1,200 = | QAR 29,801 **4 days per week** |
| QAR26,002 - QAR 900 = | QAR 25,102 **3 days per week** |
| QAR21,800 - QAR600 = | QAR 21,200 **2 days per week** |

**Annual Fees Discounts**

**We offer great discounts for annual fees payments see table below:**

**Parent declaration**

**I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parents name) parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) have read the PreScholars calendar on page 12 for the academic year 2019/2020 and noted the PreScholars holiday schedule.**

**During the allocated term breaks, training days and National holidays the nursery will be closed to all children.**

**I agree to this calendar and I understand that no refund or discount will be given during the scheduled national holidays, term breaks or training days as per the PreScholars 2019/2020 academic year calendar.**

**Parents Signature: Date:**