

Summer Camp Registration Pack

Childs Detai	ils				
First Name:		_ Family Name:	····		
Nationality:		D.O.B			
QID		_ First Language	e		
D.O.E	Star	t Date:			
		Office	e use only:		
Group	Under	2	Ove	er 2	
Days per week	Sunday	Monday	Tuesday	Wednesday	Thursday
_	_				
Mothers De	tails				
Full Name:		QID:			
Contact No: H		w	_ Email Address: .		
Occupation: _		Company:			
Fathers Det	ails				
Full Name:		QID:	 		
Contact No: H		_w	_ Email Address: .		
Occupation:		Company:			
Emergency	Contact				
Full Name:		Full N	lame:		
Rel	ationship:		Relationsh	ip:	
QID:	·····	QID: _			
Contact No: H	W	Cont	act No: H	W	
Email Address	::	Em	ail Address:		
How did yo	u hear about Pr	eScholars Nurse	ery?		
Friend	Website	Social media	Location	Other (nle	ase specify)



Documents and forms required for registration:

	Child	Received	<mark>Filed</mark>	<mark>Syster</mark>	<mark>n</mark>
1.	Immunisation card copy				
2.	Passport photo x 3				
3.	Birth certificate copy				
4.	Copy of Childs Passport and QID card/residence permit (front and back)				
5.	Medical form				
6.	Allergies form (attach photo)				
7	Photo consent				
	Individual care plan				
	Individual care plan	D.	. Lavia	Et a	Cystone
8.	Individual care plan Both Parents		ceived	Filed	System
8.	Individual care plan	QID	ceived	Filed	System
1.	Individual care plan Both Parents Copy of Passport and card/residence permit	QID t	ceived	Filed	System

Date:

I_____ (please print name) have read, understood and agree with all the

contents of page1 and 2

Parents Signature:



Summer Camp Fees Structure

Fees	6:30am-2:30pm	Corporate rates
Per week	QR 900	QR 800
Per month	QR3400	QR 3000
Per day	QR185	QR160

Fees Policy

*	Fees are payable in advance of child starting and on the first day of every
	month cash, card or bank transfer or weekly/daily as applicable by cash, or
	card.

•*	Rank	tranc	ter d	letail	ls are

Prescholars Nursery School

A/C no. 100000643299

IBAN: QA73BRWA00000000100000643299

Please issue the receipt of transaction to admin staff.

- ❖ 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 provide a 10 % sibling discount on the fees for children registered for 5 days per week.
- Summer fees are due in advance of attendance either per week/day or per month.

Icontents of page 3.	_ (please print name) have read, understood and agree with all the
Parents Signature:	Date:



Medical form

	Ch	il	d	c	D	0	ta	il	c
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Child's Details						
First Name:		Fa	mily Name:			
D.O.B Male/Female						
Doctor's name:	Doctor's name: Clinic:					
Child's medical his	story					
Illness	Yes	No				
Chicken pox						
Mumps			1			
Measles						
German measles			1			
Hand foot and mouth			1			
Whooping cough]			
Scarlet fever			1			
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 give consent for my child 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 5.
Parents Signature: Date:



Allergy Alert

Child Details

First Name:	Family Name:	
Nationality: D.O.E	D.O.B Class	
Date	_	
Allergy:		
Required medica	tion:	
Instruction for ad	lministration:	
In case of emerge	e <mark>ncy</mark>	
Contact Name:	Number:	
Icontents of page 6.	_ (please print name) have read, understood ar	nd agree with all the
Parents Signature:	Date:	



Photo Consent

We are continually taking pictures 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.

I give photo co	nsent for my child:	
I do not give ph	noto consent for my child:	
Icontents of page 7.	_ (please print name) have read, understood and agree with all t	he
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.							
timings and preference for foo information that you think cou	brief description of your child's daily routine, include od and sleep, use of comforters and any important ald help us to know and understand your child better. This y 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, h	eight, insects, balloons, clowns, loud noises.							
Likes and dislikes								
Important family members or	relationships and their names.							
Parents views e.g. weaning/po	otty training/ discipline.							



Imagine and Explore

Weeks	Themes	Registered
Week One Sun. 30 ^{th June} - Thur.4 th July	At the seaside Mermaids and Pirates	
Week Two Sun. 7 th July- Thur. 11 th July	The Wild Wild West Cowboys and Maidens	
Week Three Sun. 14 th July- Thur. 18 th July	Teddy Bears Picnic Goldilocks and The Three Bears	
Week Four Sun. 21 th July- Thur. 25 th July	A camping we will go Pyjama Party	
Week Five Sun. 28 th July- Thur. 1 st Aug.	The Gruffalo A Walk In The Forest	
Week Six Sun. 4 th Aug Thru. 8 th Aug.	A Fairy tale Castles and Kingdoms	
Eid / Week Seven Wed. 14 th Aug Thru. 15 th Aug.	The elephant song Animals	
Week Eight Sun. 18 th Aug Thru. 22 th Aug.	STEM Mad Scientists	
Week Nine Sun. 25 th Aug Tues. 27 th Aug.	Recycle reduce reuse Junk Modelling and Construction	
Wed. 28 th and Thur. 29 th August	Staff Training	