e-mail: info@toddlersintlnursery.com website: www.toddlersintlnursery.com



REGISTRATION FORM

Form No:

(To be filled b	y Parent / Guardian of Child)	
SEEKING ADMISSION FOR:		
☐ Master ☐ Miss		
Date of Birth: / / Seeking Adr	nission For: 20 to 20	
(DD/MM/YY)		a recent passport size
☐ Pre-Toddler ☐ Toddler ☐ Nursery	☐ Foundation Year 1	photograph (4.3cm x 5.5cm)
C D I I.A.I.I		
Current Residential Address:		
P.O. Box : Emirate :	Telephor	ne No:
	•	
Passport No: Date	of Expiry:Re	sidence Visa Expiry:
Nationality / Languages Spoken at Home:		
N 0.411 (D : 61 1/D : 6		
Name & Address of Previous School / Present Sc	nool:	
Any Special Learning Needs: (Please state in detail.	This information will help us in a	ssisting your child)
	•	,
ANICANTON		
AMILY INFORMATION:		
Mother's Name:	Occupation:	
	Designation	
Qualification:	Designation:	
Name of Organization / Employer:		
Business / Office Address: (Please mention complete	e address)	