



Date of Application \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### CHILD ENROLMENT FORM

CHILD'S LAST NAME \_\_\_\_\_

CHILD'S FIRST NAME \_\_\_\_\_

Start Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ALL FORMS MUST BE COMPLETED PRIOR TO ATTENDING YOUR ENROLMENT APPOINTMENT**

Child's VALID Passport & Visa \_\_\_\_\_

Child's Birth Certificate \_\_\_\_\_

Child's VALID ID (Iqama, Diplomatic or Saudi ID) \_\_\_\_\_

Two Recent Passport Size Student Photographs \_\_\_\_\_

Father's VALID Passport & Visa \_\_\_\_\_

Father's VALID ID (Iqama, Diplomatic or Saudi ID) \_\_\_\_\_

Mother's VALID Passport & Visa \_\_\_\_\_

Mother's VALID ID (Iqama, Diplomatic or Saudi ID) \_\_\_\_\_

Vaccination Certificate \_\_\_\_\_

**PHOTOCOPIES OF ALL DOCUMENTS REQUIRED FOR ENROLMENT. ORIGINALS WILL NOT BE ACCEPTED OR RETURNED TO YOU**

**For getting on to compound we must have the following details.**

Estmara (car registration card) \_\_\_\_\_

Driver's VALID ID (Iqama, or Saudi ID) \_\_\_\_\_



### CHILD'S PERSONAL DATA

Family Name: \_\_\_\_\_  
(Last Name as written on passport)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Nationality: \_\_\_\_\_

ID Number: \_\_\_\_\_  
(Iqama, Diplomatic or Saudi ID)

Passport Number \_\_\_\_\_

Child's Native Language \_\_\_\_\_

Name(s) of Siblings at MNKids:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Given Name: \_\_\_\_\_  
(First Name as written on passport)

Place of Birth \_\_\_\_\_

Religion: \_\_\_\_\_ Gender: \_\_\_\_\_

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

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

### Child Home Address & Transportation Method

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

### FATHER'S DATA

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

ID Number: \_\_\_\_\_  
(Iqama, Diplomatic or Saudi ID)

Passport Number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Mobile Phone 1: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Given Name: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Mobile Phone 2: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

### MOTHER'S DATA

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

ID Number: \_\_\_\_\_  
(Iqama, Diplomatic or Saudi ID)

Passport Number: \_\_\_\_\_

Nationality: \_\_\_\_\_

Mobile Phone 1: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Given Name: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Mobile Phone 2: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

**Main contact for fees payment:** Father/Mother  
(circle)

**First contact:** Father/Mother (please





## INDEMNITY

I, \_\_\_\_\_  
(Name of Parent / Guardian)

PO Box: \_\_\_\_\_  
Riyadh: \_\_\_\_\_  
Kingdom of Saudi Arabia

Being the lawful Parent or Guardian of \_\_\_\_\_ I hereby agree:  
(Child's Name)

1. That the SAIS-R Multinational Section, (including its Board of Governors as elected or nominated from time to time, and / or teachers, officials, employees, or voluntary helpers of the school) shall have no responsibility, of whatsoever nature, in respect of any bodily injury to the above named student:
  - a) prior to the actual delivery of my child in to the custody of one of the said teachers or officials inside the grounds of the said daycare or after my child has been collected from the daycare grounds by a person authorised by me to do so
  - b) whilst on the daycare premises outside of the hours for which my child is enrolled
  - c) at any time unless my child is in the direct custody of one of the teachers or officials while on a recognised outing or function arranged by the daycare
  - d) unless the injury is caused by, or results from
    - i. a negligent act or omission of teachers, officials, employees, or voluntary helpers or persons authorised to act for or on behalf of the daycare
    - ii. any defect in the premises of the daycare
2. For my child to receive first aid at daycare and if need be medical treatment at a local clinic / hospital, in the event of accident / emergency.
3. To indemnify and keep indemnified the daycare in respect of any amounts the daycare may pay in respect of medical or other expenses arising from accidental bodily injury to my child in circumstances other than set out as above.
4. To indemnify and keep indemnified the daycare in respect of any loss or damage to property belonging to or in the custody of the daycare caused by my child.
5. That no chewing gum, gobstoppers, candy or fruit (e.g. grapes) that might cause choking injury will be brought onto the premises.

Name of Parent (Guardian): \_\_\_\_\_

Signature: \_\_\_\_\_

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

## DISCLAIMER

The daycare will not be held responsible for any child's **behavioral** or **medical** conditions and has the right to ask a child to **leave** the daycare if any situation arises that would compromise the **Staff** or **daycare**. It is the **parents'** responsibility to update the daycare about any changes to contact information or medical details.

**I have read and agreed with the above terms**

Name of Parent (Guardian): \_\_\_\_\_

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



## MEDICAL QUESTIONNAIRE

Please complete the following questions, detailing as much information as possible.

Last Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Class: \_\_\_\_\_

**Parent Contacts**

**Emergency Contact Details (not parents)**

Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

When did you last have your child's vision tested?

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

Result:

\_\_\_\_\_

Does your child have any hearing problems?

Yes / No

When did your child last have a hearing test?

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

Result:

\_\_\_\_\_

Does your child take any medicine regularly?

Yes / No

If yes, list all medication and dosages: \_\_\_\_\_

\_\_\_\_\_

Is your child allergic to any medicine?

Yes / No

What reactions do they experience? \_\_\_\_\_

Does your child have any special medical or behavioural problems the school should be aware of? Yes / No

If yes, give details: \_\_\_\_\_

\_\_\_\_\_



IMMUNISATIONS

Behavioural Problems	Yes /No	Heart Condition	Yes /No
Concentration Problems	Yes /No	Migraine	Yes /No
Coordination Problems	Yes /No	Mobility Problems	Yes /No
Diabetes	Yes /No	Orthopaedic Problems	Yes /No
Eczema or other skin conditions	Yes /No	Speech Difficulties	Yes /No

Please explain any allergies your child has and how you treat a reaction to an allergy.

Please explain if your child has asthma and what medication or treatment they receive.  
**You must provide an inhaler or medication for use in the Day Care.**

Please explain if your child has epilepsy and what medication or treatment they receive.  
**You must provide medication for use in the Day Care.**

Please explain any hospitalisation and/or operations your child has had.

Further Comments: *(continue on back if necessary)*

**CONSENT TO TREATMENT / CONFIDENTIALITY**

I consent to my child receiving initial treatment from the day care staff and if need be, at a local clinic / hospital. I agree to pay all expenses incurred on behalf of my child.

I am aware that the day care staff will see my child's medical notes.

Name of Parent (Guardian): \_\_\_\_\_

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

Vaccination Certificate Attached

Yes/No

Diphtheria – Tetanus or Diphtheria – Pertussis Whooping Cough, Tetanus

(DPT) – Please Specify

Yes /No Date: \_\_\_\_\_

Polio

Yes /No Date: \_\_\_\_\_

Measles, Mumps and Rubella Vaccine

Yes /No Date: \_\_\_\_\_

Hepatitis A or B

Yes /No Date: \_\_\_\_\_

Typhoid

Yes /No Date: \_\_\_\_\_

Meningitis

Yes /No Date: \_\_\_\_\_

Other (specify)

Yes /No Date: \_\_\_\_\_

Tuberculin Test Positive  Negative

BCG (TB Immunisation) Date: \_\_\_\_\_

**If your child has had any of the following please explain in detail on the back of this page and provide a copy of the medical reports supporting this.**



## Child sickness

- When it is considered necessary for the child to be sent home parents will be contacted and asked to arrange immediate collection.
- **Parents must be contactable at all times and are expected to collect their child within a reasonable time frame, (approx. 1 hour after initial contact)**
- **Please ensure you have the daycare phone number keyed into your mobile.**
- If a driver is sent to collect your child student, he should, if possible, have a note from the parents, or his name and iqama number should be obtained.
- The child must recognise his/her driver.
- Parents are advised that children who are ill prior to the start of the daycare session **must** remain at home.
- Communicable diseases are common among preschool children and daycare provides an ideal environment for diseases to spread. Some diseases present a risk to others such as **pregnant women** and children may need to be excluded.
- Children who are not well should be excluded even if they are not infectious.
- **Children and staff should be excluded if they have diarrhoea or vomiting and they should not return to daycare until they have been symptom free for 48 hours, (unless the cause is non-infectious ie.travel sickness or coeliac disease).**

### Emergencies

- In the event of an emergency, your child will be transferred to a suitable medical facility, (usually Kingdom Hospital). Parents will be contacted as soon as possible so they may join their child.

Signed: \_\_\_\_\_

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



## Photography

From time to time, MNKids takes photographs of children for use in our **websites, social media and brochures.**

The MNKids staff will be taking photos for our brochures, websites and social media throughout the school year, and this involves students being photographed in a range of different scenarios.

**Do you consent to your child having their photograph taken for MNKids publicity materials? (I.e. the daycare website, social media pages and brochures)**

Yes

No

Childs Name: \_\_\_\_\_

Signed: \_\_\_\_\_

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

## MNKids FEES FOR 2018/2019

Please note VAT 5% will be applicable on Registration Fees of all categories as per Saudi VAT regulations. The prices given below are excluding VAT.

Hours & Days	Weekly Fees
<b>Casual Hours</b> Hourly fee at SAR60 per hour or part thereof	
<b>9 hours per week</b> (Parent to choose specific hours) <span style="float: right; color: purple;">A</span>	SAR 360
<b>15 hours per week</b> (Parent to choose specific hours) <span style="float: right; color: purple;">B</span>	SAR 500
<b>20 hours per week</b> (Parent to choose specific hours) <span style="float: right; color: purple;">C</span>	SAR 699
<b>25 hours per week</b> (Parent to choose specific hours) <span style="float: right; color: purple;">D</span>	SAR 874
<b>30 hours per week</b> (Parent to choose specific hours) <span style="float: right; color: purple;">E</span>	SAR 900
<b>35 hours per week</b> (Parent to choose specific hours) <span style="float: right; color: purple;">F</span>	SAR 950
<b>40 hours per week</b> (Parent to choose specific hours) <span style="float: right; color: purple;">G</span>	SAR 999
<b>45 hours per week</b> (Parent to choose specific hours) <span style="float: right; color: purple;">H</span>	SAR 1013
<b>50 hours per week</b> (Parent to choose specific hours) <span style="float: right; color: purple;">I</span>	SAR 1038
<b>55 hours per week- full time</b> <b>Sunday-Thursday</b> (7:00am -6:00pm) <span style="float: right; color: purple;">J</span>	SAR 1123

MNKids hours are 7:00am – 6:00pm Sunday through to Thursday. Parents may choose how to allocate their hours across the week

### Payment Policy

- Fees must be paid a minimum of 4 weeks in advance on or before the starting date. Children may not begin until payments have been received in full
- Fees will not be pro-rated for holidays or absences; no exceptions
- Fees are non-refundable
- Fees are stated in SAR
- Children not collected at the agreed time will have an extra cost incurred of 60 SAR for every hour or part hour

