



Learning Center & Day Care, ILJ

CHILD INFORMATION

(Please complete one form for each child)

Family Name: _____ First Name(s): _____

Date of Birth: _____ Gender (M/F): _____ Country of Birth: _____

Residential Address: _____ City: _____

Year Level / Class: _____ Language(s) spoken at Home: _____

ATTENDANCE REQUIREMENT

Preferred Start Date: _____

5 Days a Week

3 Days a Week (*Select Days Sun / Mon / Tue / Wed / Thu*)

PARENT/GUARDIAN INFORMATION

Parent/ Guardian Name(s): 1. _____ 2. _____

Contact No. 1: _____ Contact No. 2: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Number: _____ Relationship to Child: _____

Who has the permission to pick up your child? _____

Does your child have any allergies? Yes No

If yes, please give details of allergies: _____

Are there any medical conditions or special needs that we need to be aware of? _____

PLEASE READ THE BELOW STATEMENTS CAREFULLY AND SIGN

- I hereby give permission to the staff of the above program to administer medically prescribed medication to my child. I acknowledge that all care will be taken and will not hold them responsible.
- I also understand my child cannot attend the service if suffering from an infectious or communicable disease that has been identified by the Department of Health
- I hereby notify that if my child carries medication with them and will self-medicate, I will provide a letter/plan from a doctor to support this and I will sign a Medical information & Authorization form.
- I hereby give my permission for the staff to treat my child if a minor accident occurs. In the case of a more urgent matter I understand an ambulance will be called first then I will be notified and agree to meet any expenses incurred.
- I understand the provider of the service is not liable for any personal injury, loss or damage to personal property due to any cause whatsoever unless there is proven negligence by the provider or employee.

THREE LITTLE FINGERS - LEARNING CENTER & DAY CARE

Jumeirah Lake Towers (JLT) Cluster N, The Dome Tower, 104 Dubai, UAE

info@threelittlefingers.com | +97 150 5850754

BEFORE SCHOOL CARE | AFTER SCHOOL CARE | HOLIDAY CARE | ASA

- I understand the staff have no responsibility to my child until I or an authorized person has signed my child in/out for each session of care.
- I hereby give permission to transport my child off a designated site of operation if and when required and risk assessment plans will be undertaken for each occasion (e.g. evacuation, group trip).
- I acknowledge that the information contained herein is confidential and pursuant to the Privacy Act, will only be strictly used by the team to effectively care for my child and not used or distributed for any other purposes. Representatives from appropriate Government Departments may view this information as part of the program assessment process.
- I authorize that my child's school has permission to release all personal information about my child to the service provider.
- I hereby give my permission for the Staff to apply sunscreen supplied by us, if no other sunscreen is provided. I understand closed-in shoes should be worn at each session of care and on excursion days.
- I acknowledge that photographs/video of my child or items of my child's work completed at this program may be used at a later date for local marketing and promotional purposes I hereby give my consent and no further permission will be required.
- I hereby give permission for my child to watch G & PG rated movies and games.

By signing below I acknowledge I have carefully read and agreed to the above statements.

Name: _____ Signature: _____

Date: _____

TERMS AND CONDITIONS *(Please read carefully and sign)*

- Advance payment is required for all bookings.
- Amount once paid is non-refundable
- No refunds are given for absences, public holidays or other school holidays within a term.
- I acknowledge that in order to keep my place at the service, I need to keep my accounts and payments up to date.
- Late fees are charged for late pickups as per the policies of Three Little Fingers (hereinafter referred to as, service provider)
- Rates are subject to change solely as per service provider's discretion.
- 2 weeks' notice, in writing, must be provided if a child is to be withdrawn from care or there is a change required to the days of care, otherwise fees are payable based on the previous booking
- In the event that my payment is dishonored for any reason then I shall be liable for any dishonor fees incurred.
- If I default in payment of any invoice when due, I shall indemnify the service provider from and against all costs and disbursements incurred by the service provider in pursuing the debt including legal costs on a solicitor and own client basis and the collection agency costs.
- Without prejudice to any other remedies, if at any time I am in breach of any obligation (including those relating to payment) the service provider may suspend or terminate the enrolment and is absolved of its other obligations under the terms and conditions.
- The service provider can collect, retain and use any information about me for the purpose of assessing credit worthiness or marketing products and services and disclose information, whether collected by the service provider from myself directly or obtained by the service provider from any other source, to any other credit provider or any credit reporting agency for the purposes of providing or obtaining a credit reference, debt collection or notifying a default by myself.
- I have the right to request from the service provider a copy of the information retained by the service provider and the right to request the service provider to correct any incorrect information about myself and my family held by the service provider
- I acknowledge all information I have provided on this form is true and correct. I am aware it is my responsibility to advise the service provider immediately of any change in the above information.

By signing below I acknowledge I have carefully read and agreed to the above statements.

Name: _____ Signature: _____

Date: _____

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