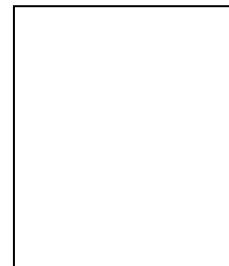




Registration Form



Please fill in the required data carefully and write the names as they appear in the CPR

Personal Information:

1- Name of child _____ Middle Name(s) _____ Last Name _____

2- Nationality: _____ Sex: Male Female

3- D.O.B: ____/____/____ CPR: _____

4- Address: Flat: _____ Bldg: _____ Road: _____ Block: _____ Area: _____

Home Phone: _____

5- Father's Name: _____ Mobile: _____

Occupation: _____ Workplace: _____

E-mail: _____ Work phone: _____

Educational level: Primary Intermediate Secondary University

6- Mother's Name: _____ Mobile: _____

Occupation: _____ Workplace: _____

E-mail: _____ Work phone: _____

Educational level: Primary Intermediate Secondary University

7- Emergency Contact Numbers:

1. Name: _____ Relation to child: _____ Phone: _____

2. Name: _____ Relation to child: _____ Phone: _____

Family Information:

8- The child lives with his/her: Parents Mother Father

Other(specify): _____

9- Do the child's parents live together?

Yes In private living quarters In shared living quarters

No Reason: Father/Mother works abroad Divorce

Death of a parent Other (specify): _____

10- Primary caregiver: Mother Father Both Other (specify): _____

11- Number of siblings: Brothers Sisters Only Child

12- Child's order among siblings: _____

13- The child sleeps: In own room With parent(s)

With siblings Other (specify): _____

14- Family's financial condition: Good Average Poor

Medical Information:

15- Has the child had any bone fractures? Yes (specify): _____ No

16- Has the child had surgery? Yes (specify): _____ No

17- Does the child suffer from any medical conditions/ allergies?

Yes No

If yes, specify: _____

18- Does the child require any special medical attention? Yes No

If yes, specify: _____

Note: Parents must advise the School if their child has any special needs at the time of registration.

Social Information:

19- Has the child previously gone to any other preschool? Yes No

If yes, Name of preschool: _____ Period attended: _____

20- What are the child's interests? _____

21- What are the child's talents? _____

22- Please provide a copy of:

- **Child's Passport, CPR (child + parents), Birth certificate, Health form**

Note: please read RAWAN's policies and procedures before signing.

Name: _____ Relation to child: _____

Signature: _____ Date: _____

Please note that the registration fee is non-refundable.

FOR ADMINISTRATION USE: Designated class for child: _____

School Signature: _____ **Job title:** _____ **Signature:** _____ **Date:** _____