

APPLICATION FORM

CHILD'S INFORMATION			
Name		Family Name	
Gender		Date of Birth	
Nationality		Religion	
First Language		Other Language(s)	

Siblings (no. and ages)	
Special Learning Needs (if any)	

ATTENDANCE MODEL			
Location	Sports City branch <input type="checkbox"/>	Remraam branch <input type="checkbox"/>	
Term Start Date	Term 1 (September) <input type="checkbox"/>	Term 2 (January) <input type="checkbox"/>	Term 3: (April) <input type="checkbox"/>
Other Start Date			
Weekly Preference	3 Days <input type="checkbox"/>	5 Days <input type="checkbox"/>	
Nursery Sessions	Session 1: 7:00 - 13:00 <input type="checkbox"/>	Session 2: 8:00 - 13:00 <input type="checkbox"/>	
Afternoon Club Options	Option 1: 13:00 - 14:00 <input type="checkbox"/>	Option 2: 13:00 - 15:30 <input type="checkbox"/>	Option 3: 13:00 - 18:00 <input type="checkbox"/>
Transport Option	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If Yes, Location :

PARENT INFORMATION		
	Mother	Father
Full Name		
Nationality		
Occupation		
Employer		
Mobile No.		
Email		
Home Address		
Home Tel. No.		

Please note that this completed and signed Application Form and the non-refundable Application Fee of AED 500 (plus VAT) are required in order to process this application and reserve a place for your child at The Wonder Years Early Childhood Centre until the Start Date specified above or place your child's name on our waiting list (depending upon availability). Should a place be available for your child, we will issue a formal Offer of Enrolment letter and should you choose to accept our offer, you will need to sign and submit the Acceptance of Enrolment Offer letter, pay the Registration Deposit and complete all the enrolment documentation requirements in order to secure a place for your child with us.

Signature of Parent / Guardian : _____ Date : _____

Name of Parent / Guardian : _____

How did you hear about us? Google Facebook Instagram Advert Signboard Event

Personal Recommendation Other (Please specify) _____

-----FOR OFFICE USE ONLY-----

Date Received					
Days Allocated	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
Referred by					