

1. Child information

الاسم الثلاثي (باللغة العربية)			
Child's Full Name (English)			
Date of Birth			
Nationality		Religion	
Child ID number			
Did the child ever register in another kindergarten?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kindergarten Name	
Parents are alive	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parent's marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced
With whom the child lives		Number of Siblings	
Sibling's name/Age			
Language used at home	<input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Other:		
Does the child have any disease		Child's blood type	
Bedtime		Does the child sleep at the day	
Uses the electronic devices	<input type="checkbox"/> Yes Minutes <input type="checkbox"/> No		
Does the child eat breakfast before school	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child have an allergy to a specific food	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can eat independently	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can use the toilet with no help	<input type="checkbox"/> Yes <input type="checkbox"/> No



2. Child's Health information

Medical details Does your child have any medical issues of which we need to be aware? Please write it below	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allergy Does your child have any allergy we should know about? Please write it in details below	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long term medications Does your child take long term medications we should know about? Write the details below	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Father's information

Name	
Nationality	
Job	
Company's Name	
Work Phone No.	
Mobile No.	
Email	

4. Mother's information

Name	
Nationality	
Job	
Company's Name	
Work Phone No.	
Mobile No.	
Email	

5. Registration and Fees

<input type="checkbox"/> First Term	<input type="checkbox"/> Second Term	<input type="checkbox"/> Third Term
<input type="checkbox"/> School Time (7:00 - 12:30)	<input type="checkbox"/> Half-day (7:00 - 2:00)	<input type="checkbox"/> Full-Day (7:00 - 4:30)
<input type="checkbox"/> Including Long-weekends and between-terms vacations		
Annual fees: 1000 riyal non-refundable, to be paid for all new joiners (Separate from the tuition fees)		
Siblings 5% Discount	ARAMCO / Health Sector Employees 5% Discount	
<ul style="list-style-type: none"> - Only one discount can be applied - In case of withdrawal within the first 2 weeks of registration, 70% of the fees will be refunded. - Fees are non-refundable after 3 Weeks of registration. 		
Fees to be paid by bank transfer		
Bank name	Account name	IBAN No.
Al Bilad Bank	Centre ELRAABI مركز حقل الربيع للأطفال	SA35 1500 0921 1336 7557 0006

Documents needed to complete the registration

- Copy of Child's Birth Certificate
- Copy of Child's Vaccination Card
- Copy of Family Card
- Copy of the Parent's ID/Iqama
- 5 personal photos of the child
- Copy of previous kindergarten report – if any-



6. Emergency Contacts & Pick-up Personnel

Authorized Pick-up (Must has Authorization in BlueRide App)				
Name		Phone No.		Relationship
Name		Phone No.		Relationship
Name		Phone No.		Relationship
Who represents the guardian in case of emergency? (Other than Parents as they are the main contact point)				
Name		Phone No.		Relationship
Name		Phone No.		Relationship

Note: No child will be allowed to be picked up by the driver alone. There must be another adult.
The child will only be allowed to go with the names stated above or people with authorization code from BlueRide.

Acknowledgment and pledge	
Allow the kindergarten to use the picture of my child in School Social Media Platforms	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Allow the kindergarten to give my child fever medicine if needed in case we didn't get quick reply	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

I am the Parent of (Student Name) _____

I agree that the information recorded in this form is correct and that I reviewed the financial system and the general system of the center (in the Parents Handbook), and I accepted with the above and I pledge to abide by its content, administrative circulars and and implement it.

Signature _____



Parental authorization in emergency cases

I am Mr/ Mrs _____

ID No. _____

Parent of the child _____

ID No. _____

I authorize Springfield School Staff to transport my child to the hospital in any emergency that occurs, and I agree to this.

Parent Name _____

Parent Signature _____

My child has a file in _____ hospital.

Child's Medical insurance number (if Any): _____.