



Little Gems Pre School

Tel: 17694356

Fax: 17691832

Entrance Application

Name of Child
First Name Family Name

Date of Birth / / Male / Female (please circle)
dd mmm yyyy

Nationality

Mother's Name Father's Name

Residential Address

Postal Address

Home Tel. No.

Mother's Mobile Father's Mobile

Mother's Company Tel. No.

Father's Company Tel. No.

Other emergency contact nos.

Vaccinations up to date?

Any special medical information?

Registration fees BD 35.000 paid on

(Registration Fee is non-refundable)

Attendance: SAT / SUN / MON / TUE / WED (Please indicate requirements)

Office use only:

Start Date: _____ Date of Leaving: _____