

# Rising Stars Nursery

Under the supervision of the Ministry of Social Development

C.R. : 1189793  
P.O. Box : 164, P.C : 131  
Sultanate of Oman  
Tel : +968 24587658  
E-mail : Risingstarsmct@gmail.com  
www.risingstarsmct.com



# مضانة النجوم الصاعدة

تحت إشراف وزارة التنمية الاجتماعية

س.ت : 1189793  
ص.ب : 164، الرمز البريدي : 131  
سلطنة عمان  
هاتف : +968 24587658  
البريد الإلكتروني : Risingstarsmct@gmail.com  
www.risingstarsmct.com

## REGISTRATION FORM

### Child's Details

Family Name:.....

First Name:.....

Date of Birth:..... Male  Female

Nationality:..... First Language:.....

Language(s) Spoken at Home:.....

Address:.....

Area:..... Street:.....

Building No.:..... Flat No.:.....

### Family Record

#### Responsible 1

Father's Name:.....

Place of Work:.....

Company Address:.....

.....

Business Telephone:.....

Mobile:.....

Email:.....

#### Responsible 2

Mother's Name:.....

Place of Work:.....

Company Address:.....

.....

Business Telephone:.....

Mobile:.....

Email:.....

### Adults authorised to collect child

#### Adult 1

Name:.....

Relationship to Child:.....

Mobile:.....

Work:.....

#### Adult 2

Name:.....

Relationship to Child:.....

Mobile:.....

Work:.....

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## Arriving and Leaving Time

Sunday	Monday	Tuesday	Wednesday	Thursday

## Medical History

Known Allergies:.....

Blank entry indicates no known allergies.

Allergies	Reaction	Treatment

Doctor's Name:.....

Clinic / Hospital:..... Contact Details:.....

## Immunization Record

Please attach a copy of the immunization record.

## Parent Consent

Please indicate by ticking the relevant block in each of the following:

Yes

No

In an emergency, first aid may be administered.

Biographical information can be shared solely with an Omani government health official.

Photos and videos can be kept on file and added on the nursery's website and social media platforms

My child may go on field trips and outings

Remarks:.....

.....

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## Required Documents

Please where applicable, submit the following documents with your application.

	Please tick	Office use only
A copy of the child's passport photo page and visa	<input type="checkbox"/>	<input type="text"/>
4 passport sized photographs	<input type="checkbox"/>	<input type="text"/>
Medical Report	<input type="checkbox"/>	<input type="text"/>
Residence card	<input type="checkbox"/>	<input type="text"/>
Copy of Mother's passport and visa	<input type="checkbox"/>	<input type="text"/>
Copy of Father's passport and visa	<input type="checkbox"/>	<input type="text"/>
Copy of health insurance	<input type="checkbox"/>	<input type="text"/>
Copy of birth certificate	<input type="checkbox"/>	<input type="text"/>
Copy of immunization	<input type="checkbox"/>	<input type="text"/>

## Notarization

I/we certify that the above information is complete, true and accurate to the best of our knowledge. We acknowledge that failure to furnish accurate information could jeopardize your child's admission.

Date:..... Signature (father or guardian):.....

Date:..... Signature (mother or guardian):.....