



Future Rose Nursery Registration Form

Child Details

Name:

Date of Birth:

Gender: Male Female

Nationality:

Residential Address:

Family Details

Number of Siblings Enrolled in Future Rose Nursery:

Number of Direct Family Members:

Child's Birth Order:

Father's Name:

Occupation:

Mobile Number:

Telephone:

Email:

Mother's Name:

Occupation:

Mobile Number:

Telephone:

Email:

Medical and Behavioral History

Does your child have any medical condition or food sensitivity? No Yes. Please Specify:

Does your child experience the following behavioral traits? Constant Crying Aggression Defiant
Behavior Something else

Does your child express anger by yelling, biting and hitting? Yes No Sometimes

Is your child toilet trained? Yes No Does the child wear diapers? Yes No

Do you agree to face-painting? Yes No

Would you give permission to have your child (3 Yrs +) attend field trips? Yes No

Do you give permission to use First-Aid on your child incase of emergency? Yes No

Do you give permission to use your child's photos in posters and social media accounts? Yes No



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Emergency Contact Details

Name:

Phone:

Relation to child:

Name:

Phone:

Relation to child:

Guardian's Signature

Name:

Date:

Signature:

How did you find out about Future Rose Nursery?

A friend/relative

Social Media

Website