



مركز الأوراق الخضراء ضيافة الأطفال الأهلية
تحت إشراف مركز التنمية الاجتماعية
بمنطقة مكة المكرمة.
ترخيص رقم: ٤٠٣٠٢٦١٩٩٦
الرقم الضريبي: ٣٠٢٢٢٧١٨٧٥٠٠٠٠٣

Application Form

Level: _____

Child's Full Name (Arabic): _____

Child's Full Name (English): _____
First name Middle name Last name

Birthdate: _____ Age: _____
DD/MM/YYYY

Nationality: _____ Religion: _____

Address: _____ Home Phone: _____

Number of Sibling(s): _____ Order Among Sibling(s): _____

Civil Status: Married Separated Divorced Widowed

If separated, your child is living with whom: _____

From where did you heard about Green Leaves Playgroup:

Friend Social Media Other: _____

Family Data

Father's Name: _____ Mother's Name: _____

Nationality: _____ Nationality: _____

Occupation: _____ Occupation: _____

Company: _____ Company: _____

Cell phone: _____ Cell phone: _____

Email: _____ Email: _____

Emergency Number(s): _____

Remarks

Please provide the following with the completed application:

1. Saudi Citizenship Card or Valid Iqama Copy
2. Copy of Child's Birth Certificate
2. Official Medical Report that shows up-to date the immunizations
4. Eight Recent Passport Size Photo of your Child
5. Doctor Report

Parent's Signature: _____ Date of Application: _____

Information of your Child

Is your child sociable? Yes No

Is your child active? Yes No

What are your child's hobbies? _____

A brief description of your child's personality: _____

Behaviour/ personality that need concentration on your child: _____

Medical Report

Does your child have any allergies? Yes No

If yes, please state the things your child is allergic from: _____

Does your child suffer from any illness? Yes No

If yes, please state the illness: _____

Child's Doctor: _____

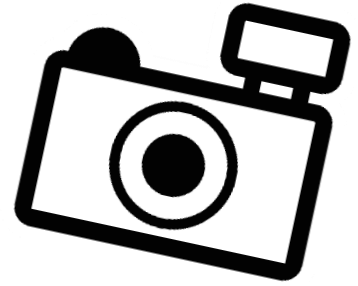
Parent's Approval to transferring the child to hospital in case of any emergency:

Yes No

In the event that I cannot be reached during emergency, I hereby give my permission for my child to receive any medical care or treatment. I understand that every effort will be made to contact me or my spouse before any action is taken. I will be responsible for the payment of the bill from the clinic/ hospital.

Parent's Signature: _____ Date: _____

Photo Release Consent Form



I hereby DO/ DO NOT (please circle one) give permission for my child _____, to have his/ her photograph taken for the use in classrooms, social media or projects at Green Leaves Playgroup. The playgroup will not use any picture for financial gain without direct consent of the parent or legal guardian.

Parent's Name

Parent's Signature

Date