Child's Information Form

Picture

➤ Child's Basic Information :

Child's Full Name						
Child's Civil Record					Scholastic year	
Date of Birth	AD	/ /	AH	/ /	Nationality	
Country of Birth				City of Birth		
Number of family			Number of		Number of	
Is the father alive ?			Occupation		Level of	
Is the mother alive ?			Occupation		Level of	
Name of parent with			Type of		Owned – Rented	

➤ Guardian Information:

Name of the guardian			Relationship		
Nationality			Type of ID card		
Identification Number			Its Source		
Date of ID Card			Expiry Date		
Type of ID Ccard		Issue Date		Expiry Date	

➢ Address of Parent :

Home Address		**District**	
Main Street		**Branch Street**	
Home Number		**Home Tel.No**	
Work Address		**Work Tel.No**	
Father's Mobile		**Mothe'sr Mobile**	

➢ Child's relative's details :

Relative's Name		**Mobile**		**Phone**	
Address					

Child's Medical History :

To be filled by the child's parent according to the medical reports.

- **Does the child complain from any chronic disease?** ☐ **Yes** ☐ **No**

- **Is any one of the family member's suffering from any chronic diseases?** ☐ **Yes** ☐ **No**

If the answer is yes, mention the name of the disease and the degree of of relationship

……

……

I am …… the child's parent, agree that the Department of Health Services of the Royal Commission in Jubail carries out all the necessary medical tests for my child, gives vaccinations and takes appropriate action in case of medical illness and emergency at kindergarten. I also undertake to cooperate for the sake of public health and disease control kinds

Parent's Name : …… Signature : …….. Date : / /

Medical Record Of The Child

Child's Full Name: …….. .

Civil Record Number : …….. Nationality : …….. .

Date of Birth : / / Blood Type : …….. .

Medical Record No: …… Hospital Name : …….. .

Name of Child's Guardian : …….. .

Address : …….. .

Hmoe Phone : …… Work Phone : …….. .

Father's Mobile : …… Mother's Mobil : …… .

No.	Stage	Kindergarten	Joining Date	Notes
1	3 Years			
2	4 Years			
3	5 Years			

"Important instructions"

1. **The medical information of the above items should be documented according to the knowledge of both the child's parent and the doctor.**
2. **The doctor should ensure the scrutiny of the recorded data according to the medical history of the child and his/her medical record before signature.**
3. **The record is approved from the authority responsible for the treatment of the child after the completion of the medical examination.**
4. **The child's parent is responsible for providing the nursery with any medical reports for the purpose of medical updating.**
5. **The child's parent should contact the nursery in case of any health problems.**
6. **This record is added to the child's file in the KG.**

" Vaccinations For Registration "

Type	Procedure
OPV	
DTP	
MMR	

Clinic : .....

Name of DR : .....

Signature : .....

Date : / /

Stamp

Kingdom Of Saudi Arabia
Jubail Industrial City
P.o.box 31961 Jubail Industrial City 10001
Tel : 013 341 3000
Fax : 013 341 9891

المملكة العربية السعودية
مدينة الجبيل الصناعية
ص.ب ٣١٩٦١ الجبيل الصناعية ١٠٠٠١
هاتف : ٠١٣ ٣٤١ ٣٠٠٠
فاكس : ٠١٣ ٣٤١ ٩٨٩١

Medical Examination Required for Kindergarten Enrollment

Clinical Tests :

TYPE OF EXAM	RESULT	RECOMMENDATIONS
Height		
Weight		
Vision Examination		
Hearing Examination		
Speech		
Eyes		
Mouth		
Teeth		
Ears		
Skin and Hair		
Malnutrition		
Lymph Glands		
Heart		
Respiratory System		
Abdomen		
Kinetic System		
Nervous System		
Psychological Status		
Other		

Name of DR : ……. Signature : …….. Date : / /

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