

Pre-Registration Form

Child's Information	
Name	
Nationality	
ID Number	
DOB	
Gender (Circle)	Male Female

Parent's Information	
Father's Name	
Occupation	
Contact Numbers	Mobile: Home:
Email	
Mother's Name	
Occupation	
Contact Numbers	Mobile: Home:
Email	

Pre-Registration COVID 19	YES	NO
1) Do you have the EHTERAZ App?		
2) Do you agree to show your EHTERAZ Status when dropping and picking your child? This also applies to any other authorised person for drop off/pick up.		
3) Have you, your child or any other close family member travelled outside of Qatar in the last 3 months? If YES where?		
4) If you answered YES to Q3 did you go into quarantine? If YES where?		
5) Have you or your child has had any close contact or care for someone who tested positive for COVID-19?		
6) Have you or your child experienced any cold or flu like symptoms in the last 14 days?		
7) Is your child fully immunized in accordance with the Ministry of Health in Qatar?		
8) Is your child currently taking any medication? If YES what for?		

Office Only:

Approved: YES NO Date:.....

Approved by (Name & Signature):