

Application for admission

Application for Category: Day Care / Toddler / Pre-Nursery/ Holiday Camp

Application number:

Date :

A. GENERAL INFORMATION

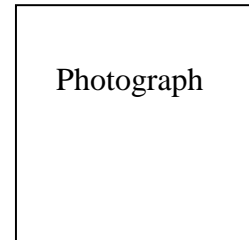
1. Full name of the Child:

a. Pet Name :

2. Mother's full name:

3. Father's full name:

4. Residential address and Phone no.:



5. Mother's Office Address, Phone no. and e-mail

6. Father's Office Address, Phone no. and e-mail

8. Emergency Name & Contact # :

B. FAMILY DETAILS AND HOME ENVIRONMENT

1. Other members in the family excluding parents:

Sl. No	Name	Age	Relationship to the child
1.			
2.			
3.			

2. What languages are spoken with the child at home?

4. Mother's timings at work:

5. Father's timings at work:

C. INFORMATION ABOUT THE CHILD

I. General

1. Date of birth:

2. Gender:

3. Does the child attend day care/ nursery/ play school/ baby sitter, etc.? Yes () No ()

If yes, give details.

i. Name of school/ play school:

ii. Will your child continue to attend the school/ play school that s/he is already attending? Yes () No ()

If yes, mention the timings:

II. Habits

Is the child Vegetarian () or Non-vegetarian ()?

Mention the kinds of food your child is used to.

Breakfast:

Lunch:

Snacks:

Mention the food restrictions for your child and the reasons (medical, personal, religious, dislike, etc.)

Sleeping habits during the day:

Timings:

Duration:

Any other information (such as sleeping with a favourite toy, music, etc.):

Playing habits:

Toys/ games that your child is used to:

Briefly describe your child's daily routine and activities:

D. HEALTH

Any medical problems of the child:

Is the child known to have any allergies? Give details.

Food allergies (eg. Milk, egg, etc.):

Allergies to medicines:

Any other allergies:

Has the child suffered from any major illnesses in the past? If yes, give details of illness and at what age (eg. Malaria, measles, chicken pox, etc.).

Does your child suffer frequently from any illnesses (eg. Vomiting, diarrhea, flu, etc.) If yes, give details.

Does your child suffer from any chronic/ special illnesses? (such as convulsions etc.) If yes, give details.

Is there any special disability detected in your child so far? If yes, give details.

Mention the name, address and phone number of the doctors you generally consult for your child.

1.

2.

E. EMERGENCY

- a) Persons to be contacted in emergency
- b) Do you agree for the Centre to call a Doctor if
Any of the above persons could not be contacted
(Doctor's fee will be borne by you)—Yes / No

F. DAY CARE REQUIREMENTS

1. What type of care do you wish your child to enroll for?
Full time –10 hours () Part time-5 hours ()
Part time- four hours () Part time – two hours ()
2. What will be the timings of your child at the Day Care Centre?
3. Who will drop the child to and fro from the Center?
4. Does your child attend any special class? If yes,
a. What time is the class?
b. How do you propose to send your child?
5. Can your child be sent to play with their friends in the evening? If yes, at what time.
(Please note that the Centre will not be responsible once the child leaves the Centre)
6. Any other information that you would like to give about the child/family?

G. TRANSPORT REQUIREMENTS

- Do you need transport facility for your child (Transport is available only for 9am pickup and 12.30pm drop)—Yes / No
- Address :

Declaration :

- I/ We, the parent(s) of our child _____, hereby declare that all the information provided in the admission form is correct and accurate. No details are ambiguous and i/we take complete accountability for the information provided
- I/We, hereby also indemnify the Day Care & PreSchool of any liability/ litigation due to any transport related issues/ incidents
- I/We, hereby consent to the school communicating to us by Whatsapp/ SMS/ Email/ Phone as and when required
- I/We agree to keep the school updated on change of any details provided herein on this admission form

Signature of the Parents

Name	Signature

Please attach ID& Address Proof—Ex. AADHAR