

### REGISTRATION FORM

Name of the Child: .....

Date of birth: ..... (DD/MM/YY) Gender: Male Female Blood Group: .....

Place of birth: ..... Nationality: .....

Seeking admission to :

- |             |                 |                       |                        |
|-------------|-----------------|-----------------------|------------------------|
| Pre-Primary | Kindergarten I  | Child Care - Half Day | Mother-Toddler Program |
| Nursery     | Kindergarten II | Child Care - Full Day | After School Program   |

Name of the previous pre-school (if applicable) .....

Home Address : .....

..... Tel. No. : .....

#### Father's Details :

Name : .....

Qualification : ..... Profession : .....

Office address : .....

..... Tel. No.: .....

E-mail id : ..... Mobile No. : .....

#### Mother's Details :

Name : .....

Qualification : ..... Profession : .....

Office address : .....

..... Tel. No.: .....

E-mail id : ..... Mobile No. : .....

Address for correspondence: Home Office: Father / Mother

Emergency contact details: (if we can not be reached in case of emergency or cannot collect our child on a normal day, the following person is authorized to act on our behalf)

Name : .....

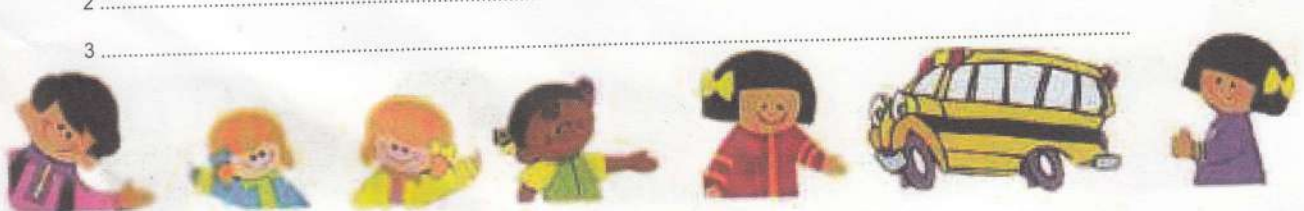
Relationship to child : ..... Contact No.: .....

Siblings :	Name	Male/Female	Date of Birth	Present School
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1 .....

2 .....

3 .....



**Child's History :** Please tell us about your child, so that we may better understand him / her.

What language does your child generally speak at home?	
Does your child speak / understand English?	Yes    A little    No
Do you have any difficulty in understanding your child's speech?	Yes    No
Is your child toilet, trained?	Day    Yes    No Night    Yes    No
Did your child reach the developmental milestones at an appropriate time? Eg. Sitting, standing, walking, crawling, taking	Yes    No
Has your child suffered any major illness? (if yes, please provide details)	Yes    No
Has your child undergone any major surgery? (if yes, please provide details)	Yes    No
Does your child have any allergies? (if yes, please provide details)	Yes    No
Does your child have any specific fears? (if yes, please provide details)	Yes    No
Does your child have any specific learning, physical and behavioural difficulties? (if yes, please provide details)	Yes    No
Do you have any general about your child which you wish to place on record? E.g. special interests or talents	Yes    No
For social purpose do you consent making your name and contact details available to other parent's in your child's class?	Yes    No
We seek your permission to use your child's photograph and / or work for demonstration / promotion of the school.	Yes    No

I have read, understand and agreed to the terms and conditions of the school.

Parent's Sign: ..... Date: .....

**For Official Purpose :**

Registration No.: ..... Program Admitted to: ..... Date of Joining : .....

Mode of Transport: ..... Mode of Payment: ..... Registration Fee: .....

Total Fees Payable: ..... Fees Paid: ..... Balance Amount: .....

Remarks, if any: .....





Name of the Child: ..... Class: .....

Date of birth: ..... Gender: Male Female Blood group: ..... Height: .....inches Weight: .....kg

Place of birth: .....

Paediatrician's/Family Doctor's Name :

Clinics Tel. No.: ..... Mobile No.: .....

**Immunization (tick those that have been given)**

- |     |                       |                |         |             |
|-----|-----------------------|----------------|---------|-------------|
| BCG | Oral Polio & Boosters | DTP & Boosters | Measles | MMR         |
| H:B | Hepatitis B           | Hepatitis A    | Typheid | Chicken Pox |

Allergies to any medicine : .....

Allergies to any food : .....

Any delayed milestones : .....

**Recent illness Record. If any, Name of illness and Dates :**

- 1..... Date : .....
- 2..... Date : .....

**Family History of Medical Problems :**

Mother : .....

Father : .....

Siblings : .....

Any other : .....

**Diet Pattern :**

Child's likes : .....

Child's dislikes : .....

**General Diet of the Child :**

- |                  |         |              |         |
|------------------|---------|--------------|---------|
| Breakfast :      | 1. .... | Lunch :      | 1. .... |
| Time : .....     | 2. .... | Time : ..... | 2. .... |
|                  | 3. .... |              | 3. .... |
| Mid-day snacks : | 1. .... | Dinner :     | 1. .... |
| Time : .....     | 2. .... | Time : ..... | 2. .... |
|                  | 3. .... |              | 3. .... |

Parent's Sign. .... Date : .....

