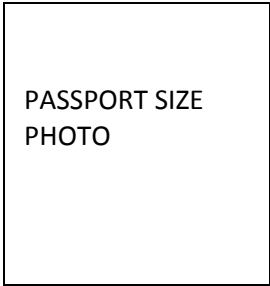


FIRST STEP DAYCARE & NURSERY
REGISTRATION FORM



Full Name of the student
(As in Birth certificate) :

Age & Sex (Boy/ Girl) :

Class: Admission Number:

Date of Admission: Height: Weight:

Date of birth: Place of birth:

Nationality: Religion: Mother Tongue:

Allergies (if any):

Parent's Name/Guardian's name:

Father's Occupation: Mother's Occupation:

Name of the establishment:

Type of establishment: CentralGovt/State Govt/private

Residential Address with pin code:

Office Address:

Father's Mobile No: Mother's Mobile No:

Email ID: Office No:

Specimen signature: Father: Mother:

Class teacher:

Center identified by: Banner/TV Add/Internet/Just Dial/Friends/Own

FIRST STEP DAYCARE & NURSERY

APPLICATION FORM

ADMISSION NO:-----

AFFIX PHOTO OF THE FATHER

AFFIX PHOTO OF THE MOTHER

AFFIX PHOTO OF THE CHILD

We, _____ and _____ desire to have our son/daughter, whose particulars are given below admitted as a dayscholar in your school.

INFORMATION OF THE CHILD

Last Name

First Name

Gender

Date of Birth

Date of Admission

 Male Female

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Class for which admission is sought

Nationality

Religion

Languages known

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RESIDENTIAL ADDRESS

CORRESPONDENCE ADDRESS

Tel:	

Tel:	

Distance from school (in kms): Preferred Phone Number for School SMS:

Emergency Contact Mobile Nos.	Name of the person to be contacted	Relationship

FAMILY INFORMATION

Name of the Father/Guardian:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Annual Income:		
Email Address:		

Name of the Mother/Guardian:	Age:	Nationality:
Educational Qualification:	Institution:	
Occupation:	Office Address:	
Annual Income:		
Email Address:		

SIGNATURES

I hereby certify that the information given in the admission form is complete and accurate. I understand and agree this misrepresentation or omission of facts will justify the denial of admission, the cancellation of admission or expulsion. I have read and do hereby consent to the term and conditions enclosed with the registration form.

Signature of Mother / Guardian

Signature of Father / Guardian

For Office use only

- Medical form
- Birth certificate
- Admission fees
- Term fees
- Monthly fees

Admission co-ordinator

Date _____

Head of the Institution

Date _____