Address

Tel. No.

Form No.

Child Code: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

1304

LEARNERS Pre School

An Ultimate Choice For Grooming

CHILD REGISTRATION FORM

Name of Program : ☐ Day Care ☐ Play Group ☐ Nursery ☐ KG

Timing: From ☐☐☐☐ To ☐☐☐☐

Batch: ☐☐☐

Child's Photo

Father's / Guardian's Photo

Mother's / Guardian's Photo

Name of the child: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(Surname) (First name) (Middle Name)

Gender: ☐ Male ☐ Female

Date of birth: D D M M Y Y Y Y

Place of birth: ☐☐☐☐☐☐☐☐☐☐☐☐

Height (Cm): ☐☐☐

Weight (Kg): ☐☐ ☐☐

Blood Group: ☐

Uniform Size:

Regular: ☐ 18 ☐ 20 ☐ 22 ☐ 24 ☐ 26 ☐ 28

Winter : ☐ 18 ☐ 20 ☐ 22 ☐ 24 ☐ 26 ☐ 28

Language(s) spoken at home: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address: House number ☐☐☐☐☐☐☐☐☐☐☐ Street name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Area ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Landmark ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ State ☐☐☐☐☐☐☐☐☐ Pin ☐☐☐☐☐☐

Contact No.: Tel. No. ☐☐☐☐☐ ☐☐☐☐☐☐☐☐ Mobile No. ☐☐☐☐☐☐☐☐☐☐

Child stays/lives with: ☐ Parents ☐ Mother ☐ Father

☐ Others (Please specify): ____

Is there any further information you feel we should know that may help us understand your child?

Any other comments, which might be useful to the school authorities in managing your child's healthcare:

Emergency Permission

I give my consent for emergency measures to be taken in case of an emergency situation arising due to an accident/ violent injury/medical or surgical emergency with the understanding that I (the father/the mother/the guardian of the child) shall be notified/informed as soon as possible. The school will accept no responsibility for any unforeseen incident that may occur due to the administration of medicine/treatment in both emergency and non-emergency situations, though necessary precautions are taken.

Field Trip Permission

I do hereby allow my child to attend the field trips planned and arranged by the centre and I shall not hold Learners Pre School authorities responsible for any mishap during the said trip.

Date:

Place:

Parent's/Guardian's Signature

I/We, parent(s)/guardian (s) of _____ have read the rules, regulations and guidelines applicable in respect of the Learners Pre School as given and have understood the same and have thereafter decided to enrol my son/daughter at the school. I/We hereby agree and undertake to abide by all the policies of the Learners Pre School and to strictly adhere to all the rules and guidelines as laid down by them.

Verification

I hereby verify that I have read the information included on this form and that to the best of my knowledge the information provided by me is complete and correct.

Date:

Place:

Parent's/Guardian's Signature

For office use only

Batch details: Timing:

Invoice / Receipt No.: Date:

Amount:

Signature with Seal/Stamp

LEARNERS Pre School An Ultimate Choice For Grooming

Learners Pre School

2/12 A Vijay Khand Near Mithaiwala Chauraha, Gomti Nagar, Lucknow - 226010

Mob:- 9451620625 Mob:- 9956030053 Web:- learnerspreschool.com

Email:- learnerspreschool03@gmail.com