

ADMISSION FORM

Form No. _____

Name of Child _____ Academic Session _____

Toddler Program Play Group Pre Nursery Nursery Kindergarten
(15 Months - 2 Years) (2 Years - 2 ½ Years) (2 ½ Years - 3 Years) (3 Years - 4 Years) (4 Years - 5 Years)



GD GOENKA
La Petite
Montessori Preschool

Please affix latest
Passport size Photograph
in colour

STUDENT

Please paste photograph
DO NOT STAPLE

Please affix latest
Passport size Photograph
in colour

MOTHER

Signature of Mother

Please paste photograph
DO NOT STAPLE

Please affix latest
Passport size Photograph
in colour

FATHER

Signature of Father

GENERAL INSTRUCTIONS

1. Please complete the form in BLOCK LETTERS and black pen.
2. Fill all dates in this format: DD/MM/YY
3. The following documents must accompany the Admission form.

- | | |
|--|---|
| <input type="checkbox"/> Child immunizations Record with Blood Group | <input type="checkbox"/> Copy of Birth Certificate |
| <input type="checkbox"/> 2 Passport size Photographs of Father | <input type="checkbox"/> Parents Residence Proof |
| <input type="checkbox"/> 2 Passport size Photographs of Mother | <input type="checkbox"/> 8 Passport size Photographs of the Child |
| <input type="checkbox"/> 1 Photograph each of grandparents (Maternal & Paternal) | |

Where/how did you learn about GDGLP?

Do you know any person in GDGLP? IF Yes, please mention name & how

PERSONAL DATA OF CHILD

First Name <input type="text"/>	Middle Name <input type="text"/>	Surname <input type="text"/>	Nickname <input type="text"/>
Date of Birth <input type="text" value="DD/MM/YYYY"/>	Age as on 1st April, 20__ : Years <input type="text"/>	Months <input type="text"/>	Nationality <input type="text"/>
Sex <input type="checkbox"/> F <input type="checkbox"/> M	Blood Group <input type="text"/>	Mother Tongue <input type="text"/>	Languages spoken at home <input type="text"/>
Birth Order <input type="text" value="1st / 2nd / 3rd Born"/>	Total no. of Children at home <input type="text"/>		
Name of Sibling 1. <input type="text"/>	Date of Birth <input type="text" value="DD/MM/YYYY"/>	School <input type="text"/>	Class <input type="text"/>
<input type="checkbox"/> F <input type="checkbox"/> M			
Name of Sibling 2. <input type="text"/>	Date of Birth <input type="text" value="DD/MM/YYYY"/>	School <input type="text"/>	Class <input type="text"/>
<input type="checkbox"/> F <input type="checkbox"/> M			
Name of Sibling 3. <input type="text"/>	Date of Birth <input type="text" value="DD/MM/YYYY"/>	School <input type="text"/>	Class <input type="text"/>
<input type="checkbox"/> F <input type="checkbox"/> M			

CONTACT INFORMATION

Permanent Address <input type="text"/>			
City <input type="text"/>	Country <input type="text"/>	Pin Code <input type="text"/>	Tel. No. <input type="text"/>
Any other address (if applicable) <input type="text"/>			
City <input type="text"/>	Country <input type="text"/>	Pin Code <input type="text"/>	Tel. No. <input type="text"/>

PARENTS' INFORMATION

Father's / Guardian's Name	<input type="text"/>	Age	<input type="text"/>	Nationality	<input type="text"/>
Academic Qualification	<input type="text"/>				
Profession/Occupation	<input type="text"/>	Designation	<input type="text"/>		
If Self employed, provide details	<input type="text"/>				
Office Name and Address	<input type="text"/>				
Telephone	<input type="text"/>	Mob#	<input type="text"/>	E-mail	<input type="text"/>
Mother's Name	<input type="text"/>	Age	<input type="text"/>	Nationality	<input type="text"/>
Academic Qualification	<input type="text"/>				
Profession/Occupation	<input type="text"/>	Designation	<input type="text"/>		
If Self employed, provide details	<input type="text"/>				
Office Name and Address	<input type="text"/>				
Telephone	<input type="text"/>	Mob#	<input type="text"/>	E-mail	<input type="text"/>

PICK-UP AUTHORISATION

The following individuals/persons are authorized to pick up my child from the Centre. The Centre is not responsible for any untoward incident and is fully indemnified from any damages, claims or liabilities which might result from the staff of the centre releasing my child to me or to any person named below: (two more names can be given for the **pick up authorisation card**)

Name	<input type="text"/>	Relationship with child	<input type="text"/>	Tel. No.	<input type="text"/>
Name	<input type="text"/>	Relationship with child	<input type="text"/>	Tel. No.	<input type="text"/>

In case of emergency, when parents cannot be contacted, whom should the centre contact?

Name	<input type="text"/>	Relationship with child	<input type="text"/>	Tel. No.	<input type="text"/>
Address	<input type="text"/>				

SPECIAL CARE INFORMATION

Special Instruction/care for the child (if any)

PEDIATRICIAN INFORMATION

Name of the family pediatrician, if any:	<input type="text"/>	Tel. No.	<input type="text"/>
Address	<input type="text"/>		

DECLARATION UNDERTAKING

1. I understand that the registration fee is non registration does not guarantee admission.
2. The Centre may in the event of any emergency when it is not possible to contact me, seek medical or hospital attention for my child. In such event all the expenses incurred (eg. transport, medical fee and incidental costs) shall be payable by me.
3. I shall give the Centre atleast one calendar month written notice for withdrawal of my child from the centre regardless of the circumstances and I shall abide by the procedures and conditions as set out by the Centre regarding enrolment and withdrawal.
4. I Understand that fee is payable even for holidays observed by the Centre and closure as directed by the government or authorities and that there will be no compensation, I wi pay the school fee as per schedule.
5. The Center reserves the right to amend any clause stated above without prior notice.
6. I understand that giving false or misleading in formation or withholding correct information may disqualify the child for admission/further study in the Centre. I wil keep the centre informed of any changes, as soon as they occur. The details in this form are to the best of my knowledge true and correct.

Signature of Father/Guardian

DD/MM/YYYY

Signature of Mother

DD/MM/YYYY

FOR OFFICE USE ONLY

Date of Admission	DD/MM/YYYY	Admission No.	
Programme		Section	
School Fee Receipt No.			
Remarks			
Date	DD/MM/YYYY	Signature of Mother	