

Address

MPOWER KIDS EDUCATION (P) LTD ROONGTA SHOPPING MALL NEAR BURKULE HALL, AMBAD LINK ROAD UTTAM NAGAR, NASHIK-422 010

AMBAD LINK ROAD

UTTAM NAGAR, NASHIK-422 010

TEL: 9370668500 EMAIL: mpowerkidspreschool@yahoo.in

Pre-school admission/registration form

Child's Details		
Date of birth	Gender	M/F
First name(s)	Surname	

Preferred choice of name if any

Name of First Parent/Guardian Living at Home Address Above

Title	First name		Surname
Relationship to child		arental esponsibility?	Yes / No
Home telephone number		obile phone ımber	
Email address		ork telephone Imber	
Work place			

Name of Second Parent/Guardian

Title	First name		Surname	
Relationship to child		rental sponsibility?	Yes / No	
Mobile telephone	W	ork telephone		
number	nı	mber		
Workplace	A	ddress (if		
	di	fferent)		

Other children in the family Name(s) and date of birth	
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Emergency Contact Details

Name of doctor		Telephone number	
Practice address			
Other local contacts in case of emergency or illness at pre-school			
Name(s)		Telephone number(s)	
		Only authorised persons will allowed to collect your child	

Supplementary Details

Has your child had any serious illnesses or injuries?	Yes/No Details
Has your child completed an immunization program to date?	Yes/No Details
Has your child any known allergies and medical conditions?	Yes/No Details
Does your child have any particular or special needs?	Yes/No Details
Does your child have any fears?	Yes/No Details
Does your child drink milk? If NO are they allowed ANY dairy products please give details	Yes/No
Languages spoken at home	
Please state child's religion/culture	
Does the child need transport facility	Yes / No
Do you need day care facility after school.	Yes / No

Permissions

Occasionally we may take the child away from the premises for a walk, to the bank, supermarket, post box or park. I give my permission for my child to take part in these activities	Signature Date
Photographs are used to track children's learning, in newsletters, displays and preschool publications. I give my permission for my child to be photographed for the above reasons	Signature Date
I give my permission for a trained first aider to administer first aid to my child	Signature Date

Any other information you think would be helpful for us to know about your child.				

Thank you for telling us about your child, we look forward to your child joining us and enjoying their time at Power kids.

<u>Signature</u>

Signature		Date	
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Any information given to the pre-school as part of this application/registration form will be treated with the strictest of confidence. Any Data collected will be, fairly and lawfully processed.

Documents needed along with application form:

- 1) Original Birth certificate.(Attested and notarised)
- 2) Immunization/vaccination card
- 3) Address proof
- 4) Six passport size photograph