



THE POLY KIDS

A Great Place to Learn & have Fun

ADMISSION FORM

No.....



Name of Child _____

Nick Name (if any) _____ Boy / Girl _____

Date of Birth _____

Child's Home Address _____

Home Phone, Mobile _____

E-mail _____

Father's Name _____

Father's Occupation _____

Father's Mobile / Work Phone _____

Mother's Name _____

Mother's Occupation _____

Mother's Mobile / Work Phone _____

Father's Educational Qualification _____

Mother's Educational Qualification _____

Mother Tongue _____

Who other than the Child's parents has the permission to pick up the Child from the school ? (Children will not be released without the written authorization from the parent or guardian)

Name _____ Relationship _____

Name _____ Relationship _____

Note: I am willing for my child _____ to have Medical attention and be taken to the hospital in the case of emergency if / we cannot be reached.

BACKGROUND INFORMATION:

Please list the other children in the household. First name(last name only if different)

1. _____ Age _____ 3. _____ Age _____

2. _____ Age _____ 4. _____ Age _____

Has your child a group play experience? Yes/No. if Yes Where? _____

FOR OFFICE USE ONLY : TO BE FILLED BY THE BRANCH HEAD

No.....

BRANCH CODE : _____ Admission Fee _____ Student I.D. Number _____

Annual Charges _____ Monthly Fee _____

Class Amitted to: Playgroup/ Nursery/LKG/UKG/1st/2nd/3rd/4th/5t

Date of Admission _____

Signature of Branch Head

HEALTH AND DEVELOPMENT HISTORY:

Does your child have a format diagnosis? _____

Describe any difficulties or serious illness at birth, if any _____

Describe your child's general health (i.e. recurrent colds, ear infections, Stomach-aches, etc) _____

Are there presently any serious medical problem? Yes/No. If yes explain with medication being given _____

Describe your child's diet (includes type of food and fluids he or she is now taking) including Fluids/Beverages/Solids: _____

Does your child have any allergies to foods, medications, or contact allergies? Yes/No

If Yes, Please List _____

is the allegy Severe enough to require medication or emergency treatment? _____

Is your child Toilet trained ? _____

Describe how your child responds to stressful situation (i.e. crises, withdraws, tantrums, screams): _____

How do you discipline your child ? What strategies work best ? _____

Parents Signature _____

Date _____

IMPORTANT INFORMATION SHOULD BE FILLED BY THE BRANCH HEAD

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