



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 Admitted to Playgroup / Nursery / LKG / UKG / 1st / 2nd / 3rd / 4th / 5th / 6th / 7th / 8th

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 including Fluids/Beverages/Solids _____

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

If Yes, Please list _____

Is the allergy 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 ? _____

Parent's Signature _____

Date _____

IMPORTANT INFORMATION SHOULD BE FILLED BY THE BRANCH HEAD

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