



KANACHUR

PRE SCHOOL

APPLICATION FORM

No.:

<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> <p>FOUR RECENT PHOTOGRAPHS</p> </div>	Date of Test: Admitted/Not Admitted: Receipt No: May Register for: <div style="text-align: center; margin-left: 100px;">Class/Section</div>	Application No: Admission No: Fees & Amount : Date: / / <div style="text-align: center; margin-left: 100px;">DD MM YYYY</div>
<p>Signature</p>	<p>..... Registrar</p>	<p>..... Cashier</p>
	<p>..... Principal</p>	

Child's Information

Registration Date _____

First Name: _____ Last Name: _____

Name child prefers to be called: _____

Gender: [] Male [] Female

Date of Birth: _____ Child's age as on June 2015: Years _____ Months _____

Parent/Guardian Information

Mother/Guardian

First Name: _____ Last Name _____

Age _____ Birthday: _____

Address: _____

Educational Qualification: _____

Occupation: _____ Home Phone: [] _____

Employed by: _____ Office Phone: [] _____

Work Address: _____ Cell Phone: [] _____

Father/Guardian

First Name: _____ Last Name _____

Age _____ Birthday: _____

Address: _____

Educational Qualification: _____

Occupation: _____ Home Phone: [] _____

Employed by: _____ Office Phone: [] _____

Work Address: _____ Cell Phone: [] _____

Email address for parent communication:

Email #1: _____

Email #2: _____

Phone numbers for parent communication:

Phone #1: _____

Phone #2: _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact / Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

2nd Contact / Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Parents will be given an ID card with their child’s photograph on them. The person picking up the child must carry this card and will need to produce it if required by the teacher or management.

Does your child have any existing medical conditions, medication or require any special attention regarding health?

Allergies, If any: _____

Child’s Pediatrician’s name: _____ Phone: () _____

Pediatricians Address: _____

Blood group: _____

General information regarding the child-

List of siblings that the child has- #1 Name _____ Sex _____ Age _____
#2 Name _____ Sex _____ Age _____
#3 Name _____ Sex _____ Age _____

Birth order of the child- () First child () Second child () Third child () Fourth child

Does the child live in a () Joint family () Nuclear family

Child’s mother tongue:

Language spoken at home:

Does the child watch TV or videos? () Yes () No

Is the child toilet trained? () Yes () No () Partially

What time does the child go to bed?

How many hours does the child sleep at night?

What time does the child wake up at mornings?

Does your child take an afternoon nap? Yes No

If yes, how many hours?

How would you rate your child's temperament? Mild Moderate Hyperactive

Has your child been to school/daycare before? Yes No

If yes, where and for how long?

Kanachur Pre School believes in doing what is best for the child. We have a special education programme that is overseen by qualified teachers, special educators and a doctor. We ensure that all our special needs children are integrated into the regular school environment.

However, we do not have shadow teachers and we do not admit children who require intensive intervention, individual attention and children who are unable to work with their peer group, If, after admission, we find non-disclosure/ incorrect disclosure, if our school experts recommend special schools or other intervention or if we find that our school environment is not conducive to the child's behavior and temperament, we will refund your fee amount and recommend a separate course of action. If at a later time the child is able to integrate into the school environment, we will gladly take the child back.

Please contact the school administrator for the procedure with regard to children with special needs.

Other information-

Please write a few words about your child that may help us get to know him/ her better (For e.g.: aptitude/ temperament / hobbies / personality)

Please let us know your child's favorite song, story or activity that will help us during the initial transition time.

Do you require? **Transportation facility**

Suggestions & information:

Do you have suggestions or comments that you think would be helpful to our management and teaching staff?

I hereby apply for admission for my child at Kanachur Pre School. We have gone through the School website, discussed the rules and regulations and understand the philosophy of the school. We agree to abide by all the rules and regulations of the school as mentioned in the school diary and those that may be framed from time to time.

I certify that the above information is true to the best of my information.

Mother's / Guardian's signature: _____

Father's / Guardian's signature: _____

Date: _____

Kindly submit 3 photographs of your child, 1 photograph each of the parents/ guardians and photocopy of your child's birth certificate.

Thank You!