



A Reggio Emilia Approach Pre school

1B-14, NEW PATLIPUTRA COLONY, PATNA, BIHAR. PIN-800013

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ADMISSION FORM

NAME OF THE CHILD: -First.....Middle.....Last.....

(GENDER) M F (Put a tick).

DATE OF BIRTH: - AGE: -(Years).....(Months)

ADDRESS: -STREET.....

LOCALITY

CITY..... STATE.....

FAMILY INFORMATION: -

	MOTHER	FATHER
PARENT'S NAME		
TELEPHONE NUMBER		
CELL NUMBER		
EMAIL ADDRESS (Write in capital letters)		
OFFICE ADDRESS		
OFFICE CONTACT NO.		

EMERGENCY CONTACT INFORMATION:-

In the event of emergency, **we always attempt to contact the parents first**, using the information given by the parents. However, in the event **neither parents** reachable, please provide two alternative emergency contacts **available during the day**.

	ALTERNATIVE CONTACT NO 1	ALTERNATIVE CONTACT NO 2
PERSON'S NAME		
RELATIONSHIP TO THE CHILD		
DAY TIME TELEPHONE NUMBER		
CELL PHONE NUMBER		
DAY TIME ADDRESS		

Persons Authorised to Pick- up Your Child.

In the event that you are unable to pick up your child at the designated time, you may send someone else. Please advise the teacher in advance, when possible, when using this option and ensure that the person can be at the play school at the required time.

	NAME	RELATIONSHIP TO THE CHILD
PERSON # 1		
PERSON # 2		
PERSON # 3		

CHILD'S HEALTH INFORMATION: -

➤ Is your child's immunization up to date? YES NO

➤ Does your child have any allergies? *No Yes (please list, below)*

.....

➤ Does your child require any medications? *No Yes (please list, below)*

.....

Note: You will be required to complete a "Medical Administration Form" form detailing how to administer the medication, if the medication is required to be administered in-class, including administration in the case of an emergency (e.g. Epi-pen). *Please talk to the teacher.*

➤ Has your child ever had an epileptic seizure? *No/ Yes*

.....

➤ Are there any problems with vision, hearing or speech? *No/ Yes*

.....

➤ Are there any special medical, physical, or emotional needs of which the staff/school should be made aware? *No/ Yes (please describe).*

.....

➤ Please list any major childhood illnesses your Child has contracted.

.....

➤ Does your child routinely have Stomach-aches? YES NO

➤ Earaches? YES NO

➤ Colds? YES NO

➤ Has your child had any serious accidents or operations? *No Yes (please describe)*

.....

➤ **Please circle characteristics below that generally describe your child:**

Happy, Aggressive, Friendly, Moody, Clumsy, Dependent, Fearful, Quiet, Good-natured Even-tempered, Impulsive, Shy, Sympathetic, Stubborn, Attentive, Other.....

"I acknowledge that I have read the ORGANIC KIDS admission form, which summarizes the Playschool's rules and regulations."

PARENT'S SIGNATURE: -

MOTHER: -

DATE: -

FATHER: -

PLACE: -

NOTE: - Sign digitally (when submitting the form online)
Sign with the running hand (when submitting the hard copy)