



### Child Registration Form

Child Code

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Class enrolled for  Playgroup  Nursery  LKG  UKG  Sports club  Activity Center

Batch Time :-

Child's Photo

Father's/  
Guardian's

Mother's/  
Guardian's

Photo

Photo

Name Of the Child:- \_\_\_\_\_

First Name

Middle Name

Surname

Gender :-

Male/Female

Date of Birth:-

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Place of birth:- \_\_\_\_\_

Height:- \_\_\_\_\_ Weight:- \_\_\_\_\_ Blood Group:- \_\_\_\_\_



Uniform Size:- \_\_\_\_\_

Language (s) Spoken at home: \_\_\_\_\_

Address:- \_\_\_\_\_

\_\_\_\_\_

**Details of Parents/Guardian/Siblings**

Name of Father: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Email Id: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact Number:- 

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Name of Mother: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

Email Id: \_\_\_\_\_

Occupation: \_\_\_\_\_

Contact Number:- 

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Name of Bother/Siste( If Anyr): \_\_\_\_\_

Gender :- Male/Female

Date of Birth:- 

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 Place of birth:- \_\_\_\_\_



### Emergency Contacts

Name : \_\_\_\_\_

Office Address: \_\_\_\_\_

Email Id: \_\_\_\_\_

Relationship with the Child: \_\_\_\_\_

Contact Number:- 

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Name : \_\_\_\_\_

Office Address: \_\_\_\_\_

Email Id: \_\_\_\_\_

Relationship with the Child: \_\_\_\_\_

Contact Number:- 

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### Medical History of the Child

Name of family doctor : \_\_\_\_\_

Address: \_\_\_\_\_

Email Id: \_\_\_\_\_

Contact Number:- 

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Does your child have any allergies : \_\_\_\_\_

Any special needs for your child please explain with treatment going on: \_\_\_\_\_

### Emergency Permission



# Veda's Ira Gurukulam

I give my Concern for emergency measures to be taken in case of emergency situation arising due to an accident/violent injury/medical or surgical emergency with the understanding that I ( the father/the mother/the guardian of the child) shall be noticed/informed as soon as possible. The school will accept no responsibility for any unforeseen incident that may occur due to the administration of medicine/treatment in both emergency and nonemergency situations though necessary precautions are taken.

## Field Trip Permission

I do hereby allow my child to attend the field trips planned and arranged by the centre and shall not hold Ira Gurukulam authorities responsible for any mishap during said trip.

Date \_\_\_\_\_

Place: \_\_\_\_\_

Parent's /Guardian's Signature

I/We parent(s)/Guardian(s) of \_\_\_\_\_ have read the rules, regulations and guidelines applicable in respect of the Ira Gurukulam as given and understood the same and have thereafter decided to enroll my son/daughter at the school. I/we hereby agree and undertake to abide by all the policies of the Ira Gurukulam and to strictly adhere to all the rules and guidelines as laid down by them.

## Verification

I hereby verify that I have read the information included on this form and that to the best of my knowledge the information provided by me is complete and correct.

Date \_\_\_\_\_

Place: \_\_\_\_\_

Parent's /Guardian's Signature

## For Office use Only

Class Details: \_\_\_\_\_

Term: Annual/Midterm

Invoice/Receipt No: \_\_\_\_\_

Timing: \_\_\_\_\_

Amount: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature with seal/Stamp



# Veda's Ira Gurukulam

