

FOR OFFICE USE ONLY

REGISTRATION NUMBER: _____

DATE OF ENROLLMENT: _____

FEES PAID: _____

DATE: _____



Registration Form



Gift your child a better tomorrow, today.

REGISTRATION FORM

Child's Photo

Father's Photo

NAME:

First Name: _____

Family Name: _____

DATE OF BIRTH:

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

GENDER:

Male	Female
<input type="checkbox"/>	<input type="checkbox"/>

OTHER INFORMATION:

Nationality: _____

Religion: _____

Child's First Language: _____

Other Languages Known: _____

Eye Colour: _____

Hair Colour: _____

FATHER'S INFORMATION:

Name: _____

Mobile No.:

Nationality: _____

Work No.:

Profession: _____

Place of Work: _____

Email: _____

MOTHER'S INFORMATION:

Name: _____

Mobile No.:

Nationality: _____

Work No.:

Profession: _____

Place of Work: _____

Email: _____

SIBLING DETAILS:

No. of Siblings: _____

Name: _____

DOB:

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name: _____

DOB:

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name: _____

DOB:

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Child's Information

Family Information

Family Information

HOME ADDRESS:

Building/Villa/Apartment Name & No. : _____

Street Name: _____

Area : _____ City: _____

Other Landmarks: _____

Telephone No.:

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Emergency Contacts

CONTACT 1:

Full Name: _____

Telephone No.:

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Relationship with child: _____

CONTACT 2:

Full Name: _____

Telephone No.:

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Relationship with child: _____

SCHEDULE PREFERRED (PLEASE TICK ONE):

Per Month Per Term

Perferred Starting Month _____

Requirements

BUS SERVICE:

Bus Service Required Yes No

Pick up point: _____

Drop off point: _____

Person available at Pick up/Drop off point: Parent Other

Name: _____ Tel No:

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RESPONSIBLE PERSON:

Person Responsible for collecting Child from Nursery : Parent Other

Name: _____ Tel No.: _____

Relationship with Child: _____

IS THERE ANY OTHER INFORMATION ON THE CHILD THAT YOU NEED US TO BE AWARE OF?

REGISTRATION REQUIREMENTS:

Please bring the completed Registration form along with the following documents for admission:-

1. Child's Passport & Visa and Father's Passport & Visa
2. 6 Colour Passport size photos
3. Child's Birth Certificate
4. Copy of Child's Immunization records
5. Completed Medical Forms

HOW DID YOU HEAR ABOUT THE NURSERY?

Internet
 Newspaper/
Magazine
 Word of Mouth
 Recommended by Family/Friends

Others _____

The parents are requested to have read and understood all the terms and conditions before signing the Registration Form. By signing this Registration form, you agree to all of Lollipop Nursery Terms and Conditions. You also agree that all information entered is true to your knowledge.

Parent Name _____ Parent Signature _____

Date _____