



# SUNRISE NURSERY AND PRE-NURSERY SCHOOL

# Janta Nagar , Ludhiana - 141003 (PB.) - INDIA.

Mobile :- 98884 - 20215

E-mail : [contact@sunrisenurseryschool.com](mailto:contact@sunrisenurseryschool.com) ; Website :- [www.sunrisenurseryschool.com](http://www.sunrisenurseryschool.com)

<b>OFFICE USE ONLY</b>	<b>PERSONAL PARTICULARS OF THE CHILD</b> (To be completed by parent or guardian)
Entry Class <input type="text"/>	
Student Number <input type="text"/>	
Student of admission <input type="text"/>	

Name of Child				Affix Photo
Nick Name(s) if any				
Date of Birth	Day	Month	Year	

Sex  Male  Female Blood Group

Father's Name

Mother's Name

Sibling Name (Age, School etc.)

Complete Address  H.No  Street   
 Area  City

Phone  Home  Father  Mother

Father's Occupation

Mother's Occupation

Joint Family  Yes  No

**ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY**  
(Child will not be Allowed To Leave With Any Other Person Without Written Authorization From Parent Or Guardian)

Name	Telephone	Relationship



Is/has child been under regular supervision of physician ?

<input type="checkbox"/> Chicken Pox	DATES	<input type="checkbox"/> Diabetes	DATES	<input type="checkbox"/> Poliomyelities	DATES
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

specify any other or severe illness or accidents

Breakfast	What are usual eating Hours ? Breakfast
Lunch	Lunch
Dinner	Dinner
Is child toilet trained ?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Is child presently under a doctors Care	If Yes, Name of doctor	Does child take prescribed medication (S) If yes, what kind
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Transport Required     Yes     No

Does the child have any special problems/Fears/Needs ? (Explain)

I hereby agree to the terms and conditions. Given in the prospectus of "SUNRISE NURSERY SCHOOL" and declare that the information given above is true to the best of my knowledge.

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Signature.....	Date.....
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Note : Please attach photographs of the child & parent/guardian and one Photo of each person authorised to pickup the child with this form.

1. Adhar Card, Birth Certificate of child
2. Highest educational qualification of parents
3. Vacation record of Child / Medical certificate of child