



SUNRISE NURSERY AND PRE-NURSERY SCHOOL

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

Mobile :- 98884 - 20215

E-mail : contact@sunrisenurseryschool.com ; Website :- www.sunrisenurseryschool.com

OFFICE USE ONLY	PERSONAL PARTICULARS OF THE CHILD (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 Father's Qualification

Father's Occupation

Mother's Name Mother's Qualification

Mother's Occupation

Sibling's Name (Age, School etc.)

Complete Address

SUNRISE

H.No Street
 Area City

Phone

NURSERY SCHOOL

Home Father Mother

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"/> Epilspsy		<input type="checkbox"/> Ten-Day Measles (Rubeoia)	
<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

Is the child toilet trained ?

Yes No

Is the child presently under a doctor's care? If Yes, Name of doctor

Yes No

Does child take prescribed medication (S) If yes, what kind

Yes No

Transport Required

Yes No

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

I hereby grant permission to the school to photograph and record my child and to use these pictures and videos on its official social media platforms for educational and promotional purposes.

Name

Relationship

Signature.....

Date.....

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. Vaccination record of Child / Medical certificate of child