

ADMISSION APPLICATION FORM

Application for admission to:

☐ PLAY (2 - 3 yrs.)

☐ NURSERY (3 - 4 yrs.)

☐ LKG (4 - 5 yrs.)

☐ UKG (5- 6 yrs.)

Affix a recent
Colour photo
of the child

APPLICANT'S DETAILS

(PLEASE USE CAPITAL LETTERS)

First Name: _____

Surname: _____

Gender: ☐ Male ☐ Female

Date of Birth: _____

Aadhar Number: _____

Nationality: _____

Age: _____

Blood Group: _____

Permanent Address: _____

Phone(s): _____

SIBLING(s), if any, details:

Name

Age

School

Class

PARENT'S DETAILS:

Father's Name: _____

Mother's Name: _____

Occupation/Designation: _____

Occupation/Designation: _____

Organisation: _____

Organisation: _____

Phone(s): _____

Phone(s): _____

Mob.: _____

Mob.: _____

e-mail: _____

e-mail: _____

Affix a recent
colour photo
of father

Affix a recent
colour photo
of mother

IMPORTANT DOCUMENTS TO BE ENCLOSED WITH THE APPLICATION FORM

1. Three passport size photographs of the child (including one to be pasted).
2. Copy of birth certificate duly attested.
3. Passport size photographs of parents as well as concerned person(s).
4. Copy of Aadhar card.

UNDERTAKING

1. We agree that registration does not guarantee admission to our child; it will depend on the availability of the vacancy in each class.
2. We accept that if there is a vacancy at the time desired, preference or priority will be given to the ward of the staff member/s and wards of personnel in the Armed Forces / Para Military Services. Also 10% seats are reserved for the Management.
3. We accept that if the form is incomplete and any information given in it is found incorrect, the registration will automatically be cancelled. Admission, if granted, is liable to be cancelled if information provided in this form is found to be false subsequently also.
4. We accept that the Date of birth has been given correctly in the admission form. We understand that no alteration will be permitted at the time of admission or afterwards. The Date of Birth will be as per the official certificate/document only.
5. If our child is admitted, we hereby give our consent that First Aid/Medical Help be given to the child, if so required, in case of emergency,

Date _____ Signature of Parent _____

FOR OFFICE USE ONLY

ADMISSION: ☐ GRANTED / ☐ DECLINED

(Authorised Signatory)

Admission No. _____ Age Group: _____

Date of joining: _____ Class & Section: _____

Dream Catchers Play School
Near PTC Chowk, Canary Hill Road,
Hazaribagh
Contact Us: 8987991194, 7488828784
Visit us: www.dreamcatcherplay.in