REGISTRATION FORM

First Name



Last Name



Choose Level

NurseryLevel  
PrimaryLevel

Class……………………………………………………………………………….

Email id

Gender

 Female  
 Male

Date of Birth……………………………………………………………………..

Location:…………………………………………………………………………….

Time to submit ……………………………………………………………………..

Week to submit ……………………………………………………………………..

Date to submit ……………………………………………………………………..

Month to submit……………………………………………………………………..