

REGISTRATION FORM

CHILD DETAILS

Please register my son / daughter in class _____ for the year _____

Child's Full Name _____

Age _____

Date of Birth ____/____/____

Sex of Child _____

Home Address _____

Is your child toilet trained? yes ____ no ____
needs help _____

Is child right handed ____ Left handed ____

Does your child have any unusual:

Habits _____ Words _____

Fears _____ Dislikes _____

Allergies _____

Explain In brief any emotional or learning
problems your child has

Any particular subject of emphasis _____

Any particular sport of
preference _____

Any particular bad habits you would want the
school to
eliminate _____

Any additional values you would prefer the
school to
instill _____

REGISTRATION FORM

PARENTS' INFORMATION.

PARENTS' DETAILS

Father's Name _____

Occupation _____

Work Place Location _____

Physical Address _____

Email Address _____

Contact _____

Mother's Name _____

Occupation _____

Work Place Location _____

Physical Address _____

Email Address _____

Family Physician & Contact _____

**Other people Authorized to pick Up Your
Child**

Name _____

Phone _____

Please choose two of the below activities
you would want your child to engage

- | | |
|--------------------|--------------|
| 1. Public Speaking | 2. Chess |
| 2. Swimming | 4. Athletics |
| 3. Soccer | 6. Piano |

**PLEASE SUBMIT: 2 PASSPORT PHOTOS (CHILD)
2 PASSPORT PHOTOS (PARENTS)**