

Reg No:

Date:

### 1. CHILD'S DETAILS

Full Name

Birth Certificate No

Sex

Age

Language spoken at home

Date of Birth

Place of birth

Nationality

Siblings

Child's Photo

### 2. MOTHER'S DETAILS

Name

Nationality

Home Telephone

Mobile No.

Home Address

Employer

Occupation

Work Telephone

Email Address

Work Address

### 3. FATHER'S DETAILS

Name

Nationality

Home Telephone

Mobile No.

Employer

Occupation

Work Telephone

Email Address

Work Address

#### 4. EMERGENCY CONTACT DETAILS

Please list the people (over 18 years old) that you wish to be contacted and are authorised to collect your child in the event you can't be reached.

##### Nominated Contact Person 1

Name	Relationship with Child
<hr/>	
Mobile Phone	Work/Home Phone
<hr/>	
Address	
<hr/>	
Emergency Pick Up	Yes <input type="checkbox"/> No <input type="checkbox"/>
Daily Pick Up	Yes <input type="checkbox"/> No <input type="checkbox"/>

##### Nominated Contact Person 2

Name	Relationship with Child
<hr/>	
Mobile Phone	Work/Home Phone
<hr/>	
Address	
<hr/>	
Emergency Pick Up	Yes <input type="checkbox"/> No <input type="checkbox"/>
Daily Pick Up	Yes <input type="checkbox"/> No <input type="checkbox"/>

#### 5. EMERGENCY MEDICAL DETAILS

Doctor's Name	Phone Number
<hr/>	
Address	
<hr/>	
Dentist's Name	Phone Number
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Address	
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In the event of an emergency, illness or accident concerning my child, I authorise Intellikids to seek treatment from a medical practitioner, medical centre, dentist or hospital.

#### 6. HEALTH INFORMATION

Has your child been immunised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any allergies	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details
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<hr/>	
Blood Group :	
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Is your child on any regular medication? Yes ☐ No ☐ If yes, please provide details

Has your child had any of the following?

Measles ☐ Scarlet Fever ☐ Mumps ☐ Rheumatic Fever ☐ Chicken Pox ☐

Ear Trouble ☐ Dental Issues ☐ Others ☐

Does your child suffer from Asthma? Yes ☐ No ☐ If yes, please provide details

Does your child have any additional needs? Yes ☐ No ☐ If yes, please provide details

Is there any other information you would like to share about the special requirements, cultural or religious beliefs that staff should be aware off? Yes ☐ No ☐ If yes, please provide details

Does your child have any specialised dietary needs? Yes ☐ No ☐ If yes, please provide details

Does your child have a history of major illness or had any operation? Please provide details

## 7. PARENT'S AGREEMENT

**Publicity** : I give permission for my child's photographs to be used for publicity for Intellikids, if required.

**Emergency** : I authorise the management to take the decision in the event of emergency. If parents are not accessible.

**Excursions** : My child is authorised to be taken on routine excursions or outings from the school.

**Fees** : I agree to settle all the school fees on or before the due date.

## 8. OTHER INFORMATION

Child Likes

Child Dislikes

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Is there anything else you would like us to know about your child? Please comment below

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## 9. TERMS AND CONDITIONS

I hereby apply to Intellikids for the enrollment of the above student. I understand that acceptance of this application form does not constitute admission of the student.

I will abide by the Terms and Conditions in this form and any procedures and policies of Intellikids. I declare that the information given is accurate and agree to notify Intellikids immediately of changes to the above information.

Intellikids should receive a call or text from the registered mobile nos of the parents if there is any emergency pickup other than parents or nominated persons.

Enclosures:

Child - Birth Certificate, Identity Proof, 2 Passport Photos

Parents - Identity and Residence Proof, Passport Photos (Mother [2] and Father [2])

Emergency Nominated PickUp Person - Identity and Residence Proof, Passport Photos (2)

*Signature of the Parent / Guardian*

Date

Child's Name

Class

Admission No

Date of Admission

Authorised Signature