



The Shri Ram Wonder Years

Wonder – Imagine – Discover !

NS-3, F-Block, Near Gate No. 12,
Sun City, Sector 54, Golf Course Road, Gurgaon - 122011
Ph: +91 98105 03564

APPLICATION FORM FOR DAY-CARE

Please paste
child's recent
photo here

Date: _____

Admission No.: _____

Parents are requested to note that:

- This is not an Admission Form, nor does the submission of this Form entitle any child to automatic admission.

1. Name of Child : _____ Sex: M/F _____

2. Nationality : _____

3. Date of Birth : _____ Blood Group : _____

4. Mother _____ Father _____

Name: _____

Name : _____

Date of Birth : _____

Date of Birth : _____

Education : _____

Education : _____

Mobile No. : _____

Mobile No. : _____

Please specify the following :

Please specify the following :

Occupation : _____

Occupation : _____

Designation : _____

Designation : _____

Name of Organization : _____

Name of Organization : _____

Office Address : _____

Office Address : _____

(If applicable) _____

(if applicable) _____

5. Residential Address : _____

6. Residential Phone No. (s) : _____

7. a. Emergency No. (s) : _____

b. E-mail : _____

8. Marital Status : Married Divorced Separated Widowed

9. Details of sisters and brothers of the applicant in chronological order. (oldest to youngest)

	Name	Age	M/F	School	Class/Sec.
a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____



This is to certify that the facts given by me on the application form are true. I understand that if any part of it is found to be false, this application will be cancelled. I also accept that filling the application form does not ensure a meeting with the Chairman and Staff.

Date : _____

Signature of Mother/Father/Guardian

Please note the following:

1. Please attach a Medical Certificate issued by the child's pediatrician confirming that the child is fit to join a Day Care facility. In case of any medical problems, please attach the details.
2. Timings: Group A - 8:00 a.m. to 4:30 p.m.
 Group B - 8:00 a.m. to 6:30 p.m.
 Group C - 12:30 p.m. to 4:30 p.m.
 Group D - 12:30 p.m. to 6:30 p.m.
3. Monday to Friday.

Help us get to know your child better -

1. What are the likes and dislikes of your child?

2. Is your child allergic to any food item/ medicine? If yes, please specify.

3. Is your child under any medication? If yes, please specify with respect to the treatment being given and the Name(s), Dosage and Time(s) for administration of the medication.

4. What is your child's favourite food?

5. What do you address him/her as lovingly?

6. She/he is happiest when

7. The people he/she enjoys playing with _____
8. She/ he is scared of _____
9. On medical/religious grounds, he/she is not allowed to eat/drink _____
10. Please describe your family structure (Nuclear / Joint / any other)

11. Name, number and relationship (with the child) of the person who needs to be contacted at the time of emergency

