



# 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) : \_\_\_\_\_

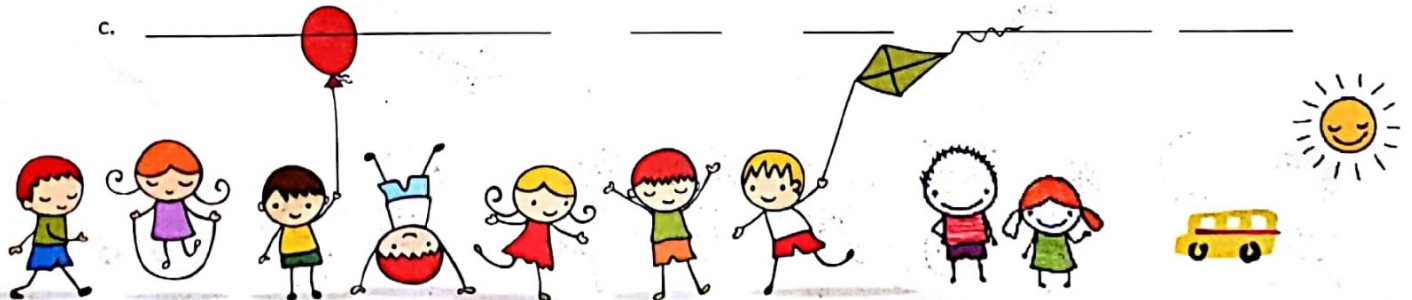
7. a. Emergency No. (s) : \_\_\_\_\_

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  
\_\_\_\_\_

