**JOYFUL KINGDOM OF MONTESSORI HOUSE OF CHILDREN**

**Plot No B3 & B5, Kamatchi Amman Nagr, Sikkarayapuram, Kovur EB, Chennai - 128**

**ADMISSION FORM**

Admission Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admission No :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affix Photo of Child

Affix Photo of Mother

Affix Photo of Father

1. Name of the Child (Capital) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Gender : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Year

|  |  |
| --- | --- |
|  |  |

Month

|  |  |
| --- | --- |
|  |  |

Date

1. Date of Birth :
2. Mother Tongue : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Religion :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Community : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Nationality : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. State :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Information of the Parents

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No** | **Particulars** | **Father** | **Mother** |
| a | Name |  |  |
| b | Qualification |  |  |
| c | Occupation |  |  |
| d | Age |  |  |
| e | Annual Income |  |  |
| d | Phone No/Email Id |  |  |

10. Information of the Child

a. If Child has any Allergy :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. In case of any Emergency whom to contacted

Parents : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Ration Card No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Aadhar No :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Address of the Parents

|  |  |
| --- | --- |
| Residential address | Official /Business address |
|  |  |

1. Family Language(s):

Child’s Native/First Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Native/First Language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other(s) \_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Native/First Language \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other(s)­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_

15. Any other information you wish to state in brief (Guardian who picking up the Child)

Affix Photo of Guardian

I declare that detailed information given above is true and agree the rules and regulation of Joyful Kingdom of Montessori House of Children.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date / Place Signature of the Parent/Guardian**

**Note:**

* The filled up application form must reach Montessori House of Children office on or before…………………….
* The parent ( Father and Mother) of the child seeking Admission must sign the application
* Photo copy of birth certificate and 2 passport size photo to be attached
* Medical History of Child should be submitted