



CLAY & CRAYONS

PLAY SCHOOL

Plot No-6, Bashisthapur Byelane No 3,
Near Passport Office, Wireless, Beltola, Guwahati-781006
(M) +91 88129 49212, 96132 50106 (E)info@clayandcrayons.com

Admission Form

(All sections **MUST** be completed)

Section 1- CHILD'S PERSONAL DETAILS

Name:.....

Known as:Main language spoken at home:.....

D.O.B:Gender: Male Female

Full Address:

.....

.....Postcode:.....Telephone No(s):.....

Section 2- Medical information and doctor

Existing Medical Conditions/ and or Allergies (Please provide brief history)

Special Dietary Needs:

Doctor's Name:Telephone No:

Section 3- Parents/ Adults the child lives with

Name:(Father).....

Name:(Mother).....

Name (Guardian, if other than parents):

Telephone No(s):.....

Section 4- Brothers & Sisters

Is the child you are enrolling the eldest of your children? Yes No

Please list brothers/sisters if you have answered **YES**.

.....

Section 5- Emergency contacts and the action to be taken in the event of an emergency.

The Emergency contacts can be up to 2 adults other than those which you entered in SECTION 3 above.

1.Name:

Relationship to the child: Telephone No:

2.Name:

Relationship to the child: Telephone No:

Special Instructions in the event of an emergency:

.....

Section 6- People authorised to pick up Child. (In addition to Parents/ Guardian)

1.Name:Telephone No:

2.Name:Telephone No:

(Photographs to be provided)

Section 7- Emergency Provision

Should there be an emergency, we will endeavour to contact you using the emergency contact information in this form. However, should we have trouble in contacting you, we ask that you give consent to the staff to take appropriate action on your behalf.

I authorise any member of staff to sign any form of consent required by medical staff, if a delay in getting my signature could endanger my child's health and safety.

Signed by Parent/ Gurdian

Date:

Section 8- Other Condition.

1. If my child is unwell I will not send them to play School.
2. I agree to pay fees on time (Normaly quarterly in advance) and will inform if there are any changes to the information provided on this form.
3. I give my permission to take and use photographs of my child for recording activities, displaying work and for observational illustration.
4. I give my permission for my child's photographs to appear on the school website/ school brochure etc..

Declaration

I confirm that the information that I have provided is correct to the best of my knowledge and agree to accept and abide by all the conditions.

Signed:.....(Parent/Guardian)

Date:.....

OFFICIAL USE ONLY

Birth Certificate/Residential Proof varified:

Date: Initials:.....