



**Particulars of Parent:  
Father/Guardian**

Name:

Mobile: + 9 1

**Mother**

Name:

Mobile: + 9 1

**Parent SMS Subscription:**  Yes  Not Applicable

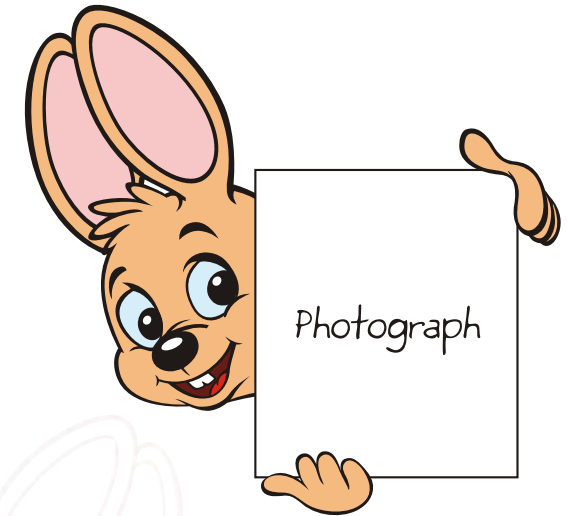
Mobile: + 9 1

**EuroKids Book Club:**  Yes  Not Applicable

**Website:**  Yes  Not Applicable



THE PRE-SCHOOL SPECIALIST



Note:

Please fill up all fields of information.

Please fill information in CAPITAL LETTERS only.

# Admission form

Date of Admission: \_\_\_\_/\_\_\_\_/\_\_\_\_/ (dd/mm/yy)

Admission sought in:  PlayGroup  Nursery  EuroJunior  EuroSenior

Time Slot (Batch) Preferred: \_\_\_\_\_

**Particulars of the child**

Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Name used at Home: \_\_\_\_\_

Sex:  Male  Female Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_/ (dd/mm/yy)

Age: Years: \_\_\_\_\_ Months: \_\_\_\_\_ Days: \_\_\_\_\_

Residential Address:

House No. : \_\_\_\_\_

Name of Apartment/Building/House : \_\_\_\_\_

Street Name : \_\_\_\_\_

Landmark : \_\_\_\_\_

Town / City : \_\_\_\_\_

State : \_\_\_\_\_

Pin Code : \_\_\_\_\_

Language(s) spoken at home:  English  Hindi  Others \_\_\_\_\_

## Particulars of Parents / Guardian

### I) Father / Guardian

Name: \_\_\_\_\_

Educational Qualifications:  Undergraduate  Graduate  Postgraduate

Occupation:  Service  Business  Public Services

Name of the Organisation: \_\_\_\_\_

Tel. No.: [STD Code] \_\_\_\_\_ [Res.] \_\_\_\_\_

[STD Code] \_\_\_\_\_ [Off.] \_\_\_\_\_ [Mob.] \_\_\_\_\_

Email Address: \_\_\_\_\_

### II) Mother

Name: \_\_\_\_\_

Educational Qualifications:  Undergraduate  Graduate  Postgraduate

Occupation:  Homemaker  Service  Business  Public Services

Tel. No.: [STD Code] \_\_\_\_\_ [Res.] \_\_\_\_\_

[STD Code] \_\_\_\_\_ [Off.] \_\_\_\_\_ [Mob.] \_\_\_\_\_

Email Address: \_\_\_\_\_

For us to contact you through SMS, please tick one of the boxes, to whom the SMS should be sent.

(We prefer the mother's mobile no. if available)

Father / Guardian                       Mother

Please proceed as follows:

- a) Log on to: [www.eurokidsindia.com/register](http://www.eurokidsindia.com/register)
- b) Your **one time** username is '**eurokids2012**'
- c) Your **one time** password is '**buddy**'
- d) Your username and password provided is only for registration purpose
- e) The one time username and password will be valid for a period of **30 days** (post enrollment at EuroKids)
- f) You can register / access the website from **1st April, 2012**

**For Electronic Use Only**  
(To be filled by parent and handed over to the school) (All fields are mandatory)



Please fill in CAPITAL

EuroKids:

Admission sought in:  PlayGroup  Nursery  EuroJunior  EuroSenior

Child's Name :  Surname:

Date of Birth:

**Residential Address:**

House No.:

Name of Apartment / Building / House:

Street Name:

Landmark:  Town/City:

State:

Pin Code:

## Value Added Services

At EuroKids you can avail several Value Added Services. Please find listed hereunder our unique Value Added Services.

### • Parent SMS Subscription

At EuroKids we offer a Parent SMS Subscription. As you subscribe to this, you will receive regular updates from your EuroKids Pre-School.

These updates can be about -

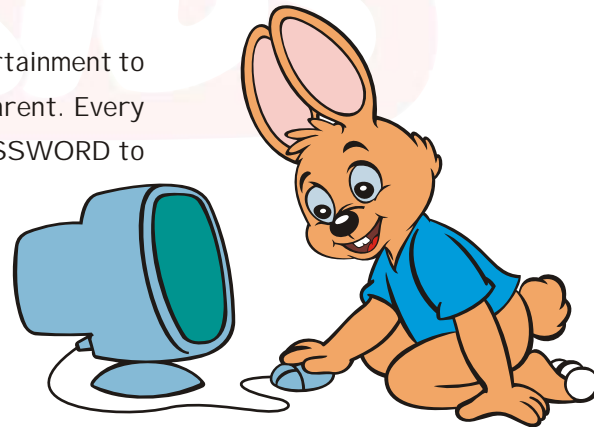
- Special Announcements
- Reminders
- Alerts

### • EuroKids Book Club Subscription

It is extremely important to introduce children to reading at a very young age. At EuroKids, we do this by offering Book Club Membership, wherein every EuroKids student who is a member will receive 6 fantastic books on payment of membership fees.

### • Parent & Child Resource Website

A unique website which offers interactive entertainment to the child and wholesome information to the parent. Every parent will be given a unique USERNAME & PASSWORD to get access to the website.



## More about your Child

- Previous Schooling:  Yes  No

If yes, please specify: \_\_\_\_\_

- Is your child toilet-trained?  Yes  No

- How many siblings does the child have?

Brothers (mention age) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Sisters (mention age) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

- Has any of the child's kin attended EuroKids before:  Yes  No

If yes, which branch \_\_\_\_\_ which year \_\_\_\_\_

## Medical Record

### 1) Immunisation History:

Blood Group: \_\_\_\_\_

Vaccination	Age	Yes (✓)	No (✓)
a) BCG	(0-2 weeks)		
b) DPT (I, II, III)	(6-24 weeks)		
c) Oral Polio Vaccine (OPV)	(6 doses)		
d) Measles	(8-9 months)		
e) MMR	(15-18 months)		
f) DT	(4-6 years)		
g) HBV - Hepatitis (I, II, III)	(upto 24 weeks)		
h) Hi B (Meningitis-3 doses)	Under 1 year		
i) Chickenpox	after 1 year of age		
j) Typhoid	after 2 years of age		
k) Hepatitis A (2 doses)	after 1 year of age		

### Note:

- Vaccines (a) to (g) are compulsory • (h) to (k) are optional, but recommended

**II) History of past illness:**

Specific ailments suffered in the past: \_\_\_\_\_

Surgery undergone (if any): \_\_\_\_\_

Allergy (if any): \_\_\_\_\_

Does your child suffer from any phobias?  Yes  No

If yes, please specify: \_\_\_\_\_

Is the child presently on any regular medication?  Yes  No

If yes, please specify: \_\_\_\_\_

Any special instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Declaration of Parent / Guardian**

I declare that the information given is correct and complete and I have not withheld any information.

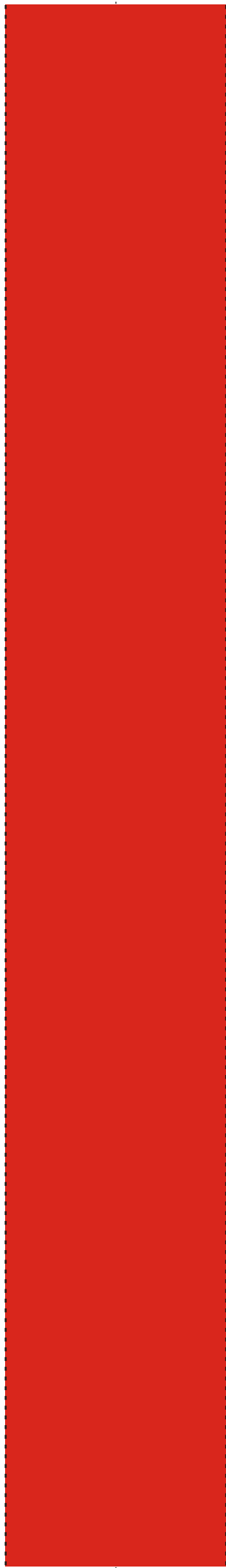
I agree to entrust my child under the care of the staff at EuroKids Pre-School. I shall not hold EuroKids Pre-School responsible for any unavoidable mishap or accident.

I am aware that the fees once paid is non-transferable and non-refundable under any circumstances.

I have read through the EuroKids Pre-School policies and am in agreement with the said policies.

Signature: \_\_\_\_\_

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



For office use only.

**Fee Details**

(To be filled in by office staff)

Registration Fees : ₹ \_\_\_\_\_

Books : ₹ \_\_\_\_\_

Tuition Fees : Half yearly : ₹ \_\_\_\_\_

: Yearly : ₹ \_\_\_\_\_

Annual Charges : ₹ \_\_\_\_\_

Value Added Services : ₹ \_\_\_\_\_

Uniforms : ₹ \_\_\_\_\_

Library Fees : ₹ \_\_\_\_\_

Other (Specify) : ₹ \_\_\_\_\_

Total Fees : ₹ \_\_\_\_\_

\_\_\_\_\_  
Signature of the Principal

\_\_\_\_\_  
Date





Please cut from 3 sides to get details about  
Parent & Child Resource Website



