



ENROLMENT NO. : RE //

APPLICATION FORM

Photograph
of
Child

Centre : Anandi Enclave, Sourav Ganguly Avenue
Bablatata, Kolkata - 700 136

Play group ☐ Nursery ☐ Jr. K.G. ☐ Sr. K.G. ☐ Class

1	2	3	4	5	6
---	---	---	---	---	---

Name of the Child :
(Name) (Middle Name) (Surname)

Date of Birth : Age : Gender M ☐ F ☐ Blood group :
DD/MM/YYYY

Father's Name : Qualification :

Residence Address :

..... Residency Tel :

Office Address :

Mobile : Office Tel : Email :

Occupation : Designation :

Mother's Name : Qualification :

Mobile : Office Tel : Email :

Occupation : Designation :

Office Address :

Mother Tongue :

Other languages spoken at home :

Person to be contacted in case of emergency :

Tel No. : Mobile No. :

Kindly furnish the following personal Data.

Please note that acceptance of this form does not guarantee admission.

Please note that fees are non refundable.

E-mail : learningtwist2017@gmail.com

Website : www.learningtwistschool.com



A. Medical History

1. Does your child have any health problems? (if any please specify in detail)

2. Is there any drug/food your child is allergic to?

3. Any major illness or disability?

4. Has the child been given Tetanus vaccine ? Until when is it valid ?

5. Any sensorial defect? (Please tick where applicable).

	Normal	Slight Defect	Major Defect (Please elaborate)
Hearing			
Sight			
Speech			

B. Family Background

1. How Many siblings does the child have?

2. How much time does the mother spend with the child?

What activities does she share with the child?

3. How many hours does the father spend with the child?

What Activities does he share with the child?

4. With whom does your child spend the rest of the time?

C. Psychological Background

1. Describe your child's behaviour at home, is he/she obedient, obstinate, restless, shy, withdrawn, out going, talkative, noisy, cheerful, moody, given to out bursts of temper destructive, jealous (Please tick where applicable)

2. What kind of new situation is your child afraid of?

D. Creative & Physical Activities (Please tick where applicable)

Which activities does your child enjoy and which ones is he / she good at?

- | | | | |
|---------------|------------|----------------------|---------------------------|
| 1. Dough Play | 2. Drawing | 3. Painting | 4. Singing |
| 5. Recitation | 6. Dancing | 7. Jumping / Running | 7. Arrange jigsaw puzzles |



DECLARATION BY PARENT / LEGAL GUARDIAN

I intend to enroll my child, as a student in the "LEARNING TWIST SCHOOL" play group to std VI located at Sourav Ganguly Avenue, Bablatata, Kolkata-700 136. As a condition of admission of my child to the school I state, declare, acknowledge, agree and confirm as under:

1. My child is not suffering from any infection or congenital disease or other illness or ailment. If my child develops any disease, illness or ailment, including asthma or allergies but excluding common cold and influenza at any time during enrollment at the school shall promptly inform the Principal/Class Teacher/Section Head of the same and will ensure that my child does not attend the school whilst such infection illness or ailment continues.
2. I have been informed that in the course of the activities carried on at the school my child will use toys educational tools, apparatus and equipment that will be provided and made available by the school. I have inspected the toys, educational tools, apparatus and equipment and am satisfied with the quality and safety of the same. However, I am aware that the use of toys, educational tools, apparatus and equipment involve certain hazards and risks and I grant my specific consent to the school for allowing my child the use such toys educational tools, apparatus and equipment in the course of activities in the school.
3. I am also aware that in the course of interacting and playing with other children in the school, and generally in the course of time spent at the school, my child may get hurt or injured keeping in mind the spirited and adventurous nature of children generally and otherwise.
4. I confirm that I shall not claim or hold the school, its trustees, directors, teachers, staff employees instructors and/or agents liable or responsible in any manner whatsoever (whether by contract or otherwise howsoever), including for costs or expenses arising therefrom, for any injury or harm that may be caused to my child in the circumstances set out at clauses 2 and 3 above.
5. I shall also not hold the school responsible for any loss of, or damage caused to, personal belongings of my child brought to the school. I agree that I shall not send my child to the school with inappropriately expensive personal items.
6. I shall at all times abide by the rules, regulations and policies of the school as may be applicable from time to time.
7. I have been informed by the school that if my child is admitted to the school it will be in reliance of this writing and on the basis of what is stated here in.
8. I have carefully read this writing and have fully understood the contents thereof and I am signing this writing of my own free will and volition

Signature of Parent / Legal Guardian

E-mail : learningtwist2017@gmail.com
Website : www.learningtwistschool.com

NOTES



LEARNING TWIST
7980293194 / 8230828047
8240574907
Tel. : 033 4809 3143