

Ragersville Address :

Tel. No.:



Form No.:

Child Code :

CHILD REGISTRATION FORM

Class enrolled for : Play Group Nursery LKG UKG Day Care Activity Center

Batch : Timing:

Child's Photo	Father's/ Guardian's Photo	Mother's/ Guardian's Photo
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Name of the child :

(Surname) (First name) (Middle name)

Gender : Male Female

Date of Birth : Place of Birth :

Height : Weight :

Blood Group :

Uniform :

Regular :	<input type="checkbox"/> 20	<input type="checkbox"/> 22	<input type="checkbox"/> 24	<input type="checkbox"/> 26
Sports :	<input type="checkbox"/> 20	<input type="checkbox"/> 22	<input type="checkbox"/> 24	<input type="checkbox"/> 26
Winter :	<input type="checkbox"/> 20	<input type="checkbox"/> 22	<input type="checkbox"/> 24	<input type="checkbox"/> 26

Language (s) spoken at home :

Address :

Contact No.:

Child stays/lives with : Mother Father Both

Others (Please specify) :

Please Paste
The Mother's
Photograph

Parent Information

Please Paste
The Father's
Photograph

Mother's Name :

Qualification :

Profession :

Company Name

& Address :

Telephone Number : Mob :

E-mail :

Date of Birth : Wedding Anniversary :

Father's Name :

Qualification :

Profession :

Company Name :

Date of Birth :

Telephone Number : Mob :

E-mail :

Date of Birth :

I/We hereby agree that/ We are leaving our child under the care of Ragersville staff. All information given here is correct and I/We have not withheld any information. I/We will not held Ragersville and its staff responsible for any unavoidable mishaps or accidents. We agree to abide by the rules and regulations of the school.

Signature of Mother

Signature of Father

Rules & Regulations

Only parents and authorised persons are allowed to pick-up children after school.

Parents must not enter class room either to see their wards or teachers during class-hours.

They can only meet teachers after the school hours or the director during office hours.

They are required to co-operate with the school in all respect to help- their children progress.

They should check the bags of their ward to see if any notice, reminder etc. has been issued and sign corresponding to the teacher's signature.

They are required to inform the school, if there is any change in their address, phone numbers, etc.

Children when sick should not be sent to school. Any specific medical problems parents must inform school authorities.

In case of withdrawal of child from the school, parents should inform at least two months before with written notice or two month fee in lieu thereof.

Fees paid are as per the fee structure for the academic year 20..... - 20..... There might be an increment of 10-20% in the fee structure for the year 20..... - 20..... .

Academic year start from and finish on next year. After admission all twelve months fee has to be paid (Including Transportation).

Fees are to be paid before 5th of every quarterly / and fees once paid are not refundable under any circumstances.

Late fees of Rs per working day will be charged for not sending your ward to school and inform the day when they are joining back (Transport Users).

Please don't give any chocolate / toffee / crisps while they are coming to school in the morning.

Declaration

Health Declaration : *(Write Yes or No in the box provided)*

Anemia	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>
Bronchitis Asthma	<input type="checkbox"/>	Allergies	<input type="checkbox"/>
CNS Disorder	<input type="checkbox"/>	Any other please specify	<input type="text"/>

our kid is under following medication for following reason : *(Information at the time of Admission)*

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We hereby declare that all the information provided is true and accurate to best of our knowledge and belief and that no information is withheld. We promise to furnish all medical information if any in future.

Transport Declaration : (Please Tick)

The school transport has been introduced by the school to facilitates the parents. We are appointing Mr. as the driver for the school van. We found him suitable enough to carry our kids safely. All care will be taken to ensure the safety of the kids. School authorities / Driver / Director will not be responsible in any way for any unseen circumstances and happenings.

General Declaration :

- We the parents of agreeing to abide the rules and regulations of the school. We hereby agree that we are leaving our child under the care of Ragersville staff. We will not held Ragersville and its staff responsible for any unavoidable misshapes or accidents. Our kid is medically fit to attend a Pre-School.
- For Brand Specific Rules and Regulations.
- I/We have read and agreed the rules and regulations regarding refund of fees which is non-refundable under any circumstances and I/ We will not request for any refund.

Date : _____

Name of Mother : _____

Signature

Date : _____

Name of Father : _____

Signature

For office use only

Class details :

Invoice / Receipt No. :

Amount :

Term :

Timing :

Date :

Signature with Seal/Stamp