



Small Angels Playway School

C- 548, Urban Estate, Phase-I, Jamalpur, Ludhiana-141010

Phone :- 0161-2673548 Mobile 98725-81828

Website : www.smallangelsplayway.in

PERSONAL PARTICULARS OF THE CHILD (To be completed by parent or guardian)

Name of child				Affix Photo
Nick Name(s) if any				
Date of Birth	Day	Month	Year	
Place of Birth	Town/City	State	Country	
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Blood Group	
Father's Name				
Father's DOB	Day	Month	Year	
Mother's Name				
Mother's DOB	Day	Month	Year	
Sibling Name (Age, School etc.)				
Complete Address				
H. No.		Street		
Area		City		
Phone	Home	Business		
Father's Occupation				
Mother's Occupation				
Joint Family	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Pets at Home (Brief describe with name)				

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

Name	Address	Telephone	Relationship

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

(Child will not be allowed To Leave With any Other Person Without Written Authorization From Parent or Guardian)

Name	Address	Telephone	Relationship

CHILD'S PRE-ADMISSION HEALTH HISTORY

Is/has child been under regular supervision of physician?

<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Asthma <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Hay Fever	DATES	<input type="checkbox"/> Diabetes <input type="checkbox"/> Epilspsy <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Mumps	DATES	<input type="checkbox"/> Poliomyelities <input type="checkbox"/> Ten-Day Measles (Rubeola) <input type="checkbox"/> Three-Day Measles (Rubella)	DATES
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specify any other or severe illness or accidents

Does child have frequent colds? Yes No

DAILY ROUTINES

What time does child get up?	What time does child go to bed?	Does Child Sleep Well?
Does child Sleep During the Day?	When?	How Long?
Die Pattern (What does child usually)	Breakfast	What are usual eating Hours? Breakfast
Eat for these meals?	Lunch	Lunch
	Dinner	Dinner
Any food dislikes?		Any Eating problems?
Is child toilet trained?	If yes at what stage?	Are bowel movements regular? What is usual time?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Word used for bowel movements		Word used for urination ?

parent's evaluation of child's Health

Is child presently under a doctors Care If Yes, Name of Doctor Yes No

Does child take prescribed medication (S) If yes, what kind and any side effects Yes No

Does Child use any special device (S) If Yes, What kind

Yes No

Has the child has group play experiences?

Does the child have any special problems/Fears/Needs ? (Explain)

I hereby agree to the terms and condition. Given in the prospectus of "SAPS" and declare that the information given above is true to the best of my knowledge.

Name

Relationship

Signature.....

Date.....

Note : Please attach Five photographs each of the child & parent/guardian and one Photo of each person authorised to pickup the child with this form.