

HERITAGE PLAY CENTRE

Shakti Nagar, Adjoining Lilawati Vidya Mandir School, Delhi – 110007

Contact: (011) 23653938, 23656142; Email: hpcshaktinagar@gmail.com

REGISTRATION FORM

Year _____

Admission No. _____

FATHER'S PHOTOGRAPH

MOTHER'S PHOTOGRAPH

WARD'S PHOTOGRAPH

SNo.	Particulars	Details							
		(To be Filled only in <u>BLOCK LETTERS</u>)							
1.	Name of the Ward/ Child								
2.	Date of Birth (DD/MM/YY)								
3.	Gender (Mark one)	Male		Female		Other			
4.	Class where the Admission is sought (Mark one)	PLAY GROUP		NURSERY					
5.	Residential Address (In case the parents reside at a temporary address, the details of the <u>Current Address</u> is to be provided)								
		PIN CODE							

6.	PARENTAL INFORMATION (In case, there's only the Legal Guardian of the Ward, such Guardian shall enter his details against the name of the Father)	
	Details of the Father /Guardian	
	Father's Name	
	Academic Qualification	
	Current Occupation	
	Office Address	
	Contact Number (Mobile)	
	Details of the Mother	
	Mother's Name	
	Academic Qualification	
	Current Occupation	
	Office Address	
Contact Number (Mobile)		
7.	Details of the Person to be contacted in case of an Emergency Situation (Any Person other than the Parents of the Ward)	Name:
		Contact Number:
		Relationship with the Ward:

8.	If the Ward is in custody of a Single Parent, Please Specify.	
9.	If the Ward is an adopted child, Please Specify.	
10.	If there's any dispute pending in any Court of Law regarding the Custody of the Ward, Please Specify.	
11.	If any of the Parent is not the Biological Parent of the Ward, Please Specify.	
12.	If the Ward possesses any Physical /Mental Disability, Please Specify.	
13.	If the Ward has undergone any major surgery, Please Specify.	
14.	If the Ward, is allergic /resistant to any specific kind of food, Please Specify.	
15.	If the Ward, has any permanent disorder, Please Specify.	
16.	If the Ward, is allergic to any specific object, Please Specify.	
17.	If the Ward has been previously admitted to any other similar School, Please Specify.	

NOTE (1): It is requested that the following documents shall be provided by the Parents /Guardian of the Ward alongwith this Registration Form:-

SNo.	Particulars of the Concerned Document
1.	Birth Certificate of the Ward (issued by a Municipal Body)
2.	Immunization Card of the Ward (issued by a Regd. Medical Practitioner)
3.	<p>Proof of Residence of the Parents (Any one of the following)</p> <p>The following documents shall solely be considered as a valid ‘proof of residence’:-</p> <p>I. Passport issued by the Government of India in the name of any of the Parents (Expired Passports will not be considered)</p> <p>II. Adhaar Card issued in the name of any of the Parents (having the Current Address)</p> <p>III. Ration Card issued in the name of any of the Parents (which shall include the name of the Ward and the Current Address)</p> <p>IV. Voter ID card of any of the Parents.</p>

NOTE (2): The school reserves the Right to Cancel the Admission of the Ward, if any of the aforesaid information is discovered to be false or it is discovered that the parents have concealed any piece of information which affects the interest of the School in any manner whatsoever concerned.

NOTE (3): In order to claim the refund of the Caution Money, the Parents/Guardian are requested to apply to the School on or before the 31st March (concerned year), alongwith the First Original Receipt.

DECLARATION

We, the Parents /Guardian of our aforementioned Ward hereby declare that all the information furnished in this Registration Form is true or is based on the information which is believed to be true and no material part has been concealed therefrom.

FATHER’S SIGNATURE

MOTHER’S SIGNATURE

Date: _____

Place: Delhi, India