


Alpha Beginnings **Day Care Centre**

Alpha Avenue, Sudhana Nagar, K.K. Nagar East Extn., Airport Post, Trichy - 620 007, Tamilnadu, India.

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 www.facebook.com/alphaeducationtrichy

Admission Form:

Form No.:

Date:

FORM SHOULD BE FILLED IN CAPITAL LETTERS ONLY AND SUBMITTED WITHIN 3 DAYS.

Student Details:

a) Name of the child:
Surname Student's Name Father's Name
Date of Birth: // Place of Birth:
School: Gender
Blood Group: Mother Tongue: Nationality:
Language Spoken:
Address:
.....

Child's Photo
3.5 cm x 4.5 cm
Do not staple

b) Name of Father :
Education:
Occupation: Designation :
Office Name & Address:
.....
Mobile No.: Office No.:
Email ID:

Father's Photo
3.5 cm x 4.5 cm
Do not staple

c) Name of Mother:
Education:
Occupation: Designation :
Office Name & Address:
.....
Mobile No.: Office No.:
Email ID:

Mother's Photo
3.5 cm x 4.5 cm
Do not staple

Timings Required:

- Full Day (8:00 am to 06:30 pm) Timing (3.5 hours) Timing: (5 hours) Timing: (8 hours)

Alternate Authorised Adults:

(List those who may pick up your child in your absence)

I give permission for the following people to pick up/drop off my child,
from the Day Care Centre.

PLEASE NOTE: LIST PEOPLE ABOVE 18 YEARS OF AGE ONLY.

- a) Name:
Relationship:
Tel. No.:

Authorised
Adult's Photo
3.5 cm x 4.5 cm
Do not staple

- b) Name:
Relationship:
Tel. No.:

Authorised
Adult's Photo
3.5 cm x 4.5 cm
Do not staple

Emergency Contacts:

The following people will be contacted incase of unavailability of parents during any emergency:

- a) Name:
Relationship: Tel. No.:
- b) Name:
Relationship: Tel. No.:

Toilet Training:

- a) Is your child toilet trained? Yes No

Medical Brief:

- a) Does your child have any health problems? (If any, please specify in details)
.....
.....
- b) Is there any drug your child is allergic to?
- c) Is there any food your child is allergic to?
- d) Any major illness or disability/disorder?

TO BE FILLED BY A REGISTERED MEDICAL PRACTITIONER

Examination Date:

This is to certify that I have conducted a thorough medical examination of
..... and find that he/she is in fit state of physical & mental health and does not suffer from any infectious disease. He/She is permitted to participate in games and physical training activities.

Height cms / inches weight kgs Chest cms / inches Blood Group

Remark/Restrictions

Signature and Stamp of Medical Practitioner

Regd. No.

Contact Details of medical Practitioner

Name:

Address:

Resi. Phone: Clinic Phone: Mobile:

UNDERTAKING BY PARENT / GUARDIANS:

I Mr./Mrs. parent/guardian of
..... understand that my ward has been granted admission to
ALPHA BEGINNINGS DAY CARE on the following terms and conditions:

My ward is being admitted to ALPHA BEGINNINGS DAY CARE at our request for the sole purpose of care-taking and shall observe and comply with all the rules and regulations.

I have carefully read the prospectus and agree to abide by the rules and regulations or any substitutions for or modification in them, which may be made by the authorities from time to time.

I will deposit the fees on or before the prescribed date. In case of non-compliance, at the end of 30 days, the name of the student will be struck off the register.

A particular student may be removed from the institute for

- Non payment of dues
- Using unfair means
- Conducting harm to other students
- Immorality
- Grave insubordination
- Stealing or extorting of money / items of other students
- Contempt of authority
- Exceeding bounds
- Damaging institute property
- Any words or actions likely to undermine the reputation of the organization
- Bullying, assaulting and ragging of any from whatsoever.
- For violating any clause or point in "Undertaking by parents/guardians" duly signed & submitted hereinunder.

The institute / its affiliated clubs / coaches / instructors do not hold any responsibility in case of sickness or accidents. This also applies to all accidents which could occur in the workshops, sports fields, educational tours or journeys to and from the institute.

The institute will do its best to provide normal medical, aid, but the institute will not be held responsible for any accident or mishap beyond its control.

In an emergency, the child will be taken to the nearest medical center. All such expenses will be borne by the parents.

No valuables like watches, rings, gold chains, electronic gadgets are to be given to the students and institute does not take responsibility for the loss of any such valuables.

The institute is permitted to use the child's photo/video in institute & it's group publications and promotional material.

I/We have carefully read, understood and agreed to all the points mentioned above and in the admission kit and I agree to abide by the day-care policies as a condition of my child's admission.

Date

Signature of Father/Guardian

Signature of Mother/Guardian