

WONDER KIDS

7, Adarsha Colony, Opp. Parijat Hospital, New CIDCO, Nashik - 422 009

Admission Form

Affix colour photograph

Personal Details :	
Child's Full name :	
Date of Birth :	D D / M M / Y Y Y Age:
Gender :	M F Religion :
Father's Name :	
Contact No.	(R) (M)
Mother's Name :	
Contact No.	(R) (M)
Home Address :	

Name of person permitted to collect your child :

Please list any medical conditions / allergies of any food / drink substance that your child suffers from or do not wish your child to consume:_____

Does your child have a special educational need if so please state:

Rules & Regulations:

- 1) I know that fees once paid will not be refunded in any condition or in any circumstances
- 2) I know that, I shall have to pay all my due installments of fees or any order if any on time, failing which might result in the cancellation of my ward's admission.
- 3) I am aware of my child's potential & hence shall never over expect from the management and shall sincerely appreciate the steps taken by them towards the betterment of my child's future .
- 4) I will never misbehave with any of the staff members of WonderKids PreSchool & assure you that I shall never school premises having consumed alcohol or any other intoxicant causing disharmony to the organization.
- 5) I know that my ward's admission might be cancelled due to his / her misbehavior .
- 6) Any legal dispute is subjected to Nashik jurisdiction.

I have carefully read the prospectus, features, above mentioned Rules and Regulations and have understood very well . I promise to abide by the same