



# TINY'S PRESCHOOL



## ADMISSION FORM FOR ACADEMIC YEAR -

FORM NO. **0487**

ADMISSION FOR PLAYGROUP/NURSERY/JR. KG/SR. KG/TODDLER

STUDENT NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (SURNAME)

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_

Latest passport size  
colour photograph  
of the student

### INFORMATION OF PARENTS:

#### FATHER

#### MOTHER

NAME IN FULL : \_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_

QUALIFICATION : \_\_\_\_\_

\_\_\_\_\_

MOTHER TONGUE: \_\_\_\_\_

\_\_\_\_\_

DESIGNATION: \_\_\_\_\_

\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TEL NO. (Resi) : \_\_\_\_\_

\_\_\_\_\_

TEL NO. (Office): \_\_\_\_\_

\_\_\_\_\_

MOBILE NO. : \_\_\_\_\_

\_\_\_\_\_

E-MAIL : \_\_\_\_\_

\_\_\_\_\_

### EMERGENCY CONTACT DETAILS:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MOBILE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STUDENT'S DOCTOR NAME: \_\_\_\_\_

DOCTOR'S CONTACT NO.: \_\_\_\_\_ / \_\_\_\_\_

#### HEALTH INFORMATION

Please Provide Any Information concerning the child's health, which the school should know about:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### DOCUMENTS TO BE SUBMITTED:

1. PHOTOCOPY OF BIRTH CERTIFICATE
2. CHILD'S PASSPORT SIZE PHOTO - 6 COPIES
3. FATHER'S PASSPORT SIZE PHOTO - 1 COPY
4. MOTHER'S PASSPORT SIZE PHOTO - 1 COPY
5. PHOTOCOPY OF AADHAR CARD (CHILD / PARENT)

#### PAYMENT DETAILS: (CHQ IN FAVOR OF TYNYS'S PLAYGROUP & NURSERY)

BANK: \_\_\_\_\_ BRANCH: \_\_\_\_\_

CHQ NUMBER: \_\_\_\_\_ CHQ DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

DATE: \_\_\_\_\_ FATHER'S SIGN: \_\_\_\_\_ MOTHER'S SIGN: \_\_\_\_\_

I SHALL ABIDE BY ALL THE RULES AND REGULATIONS OF THE SCHOOL.

ADMISSION FEES ONCE PAID ARE STRICTLY NON-REFUNDABLE.

I HEREBY AGREE TO REPEAT \_\_\_\_\_ GRADE BECAUSE MY CHILD IS UNDERAGE FOR CURRENT GRADE  
AS PER GOVT, RULES FOR ADMISSION.

DATE: \_\_\_\_\_ FATHER'S SIGNATURE: \_\_\_\_\_

MOTHER SIGNATURE : \_\_\_\_\_

#### FOR OFFICE USE ONLY:

MASTER / MISS : \_\_\_\_\_

IS ENROLLED TO CLASS : \_\_\_\_\_ SHIFT: \_\_\_\_\_

FOR THE YEAR : \_\_\_\_\_ DATE: \_\_\_\_\_ SIGN: \_\_\_\_\_

📍 Shishu Vihar Bulding, Beside Pawar Hospital, Bandrekarwadi, Jogeshwari (East), Mumbai - 400060

☎ 9821600171 / 8779033997 / 9004405720 / 9821600010

✉ tinysplaygroup&nursery@ymail.com 🌐 info@tinys.co.in - www.tinys.co.in