



MINILAND

PLAY GROUP NURSERY

Add: G-oo8, Sheetal Apts/ Next to Krishna Temple, Juhu, Mumbai - 400 049.
Email: miniland.10@gmail.com Mob; 98200 33344 Tel: 2620 7885 / 2671 4129
Website: www.minilandplaygroup.com

ADMISSION FORM

Please try and fill in the form as accurately as possible. All the information we ask for relevant and enables us to know and help your child.

Child's Name _____
(Last) (First) (Middle Name)

Pet Name (if any) _____

Sex: Male Female

Address:

Residence Telephone No. _____

Date of Birth: _____
(Date) (Month) (Year)

Nationality: _____

Mother's _____ Name:

Mother's _____ Educational _____ Qualification _____

Mother's Occupation (If Business, please specify)

Mother Business Address

Telephone _____ No.

Mother's

Hobbies

Father's Name -----

Father's Educational Qualification

Father's Occupation (If Business, please specify)

Father's Business Address

Telephone No.

Email-Id -----

Father's Hobbies

How did you know about Miniland

Are Parents Divorced Yes / No (please tick)

*Brother / Sister Name (if any)	Pre - School Attended	Current School Attended

* If any children are adopted, please indicate which ones

Languages Spoken at Home _____

TYPES OF FAMILY SYSTEM

Sleeping: What time does he usually go to bed at night? _____ Get up in the morning?

Does he take a day time nap or rest? _____ if so, for how long?

Speech: Does he speak plainly so that others besides those at home can understand him?

Are any foreign languages spoken at

home?_____

Toilet: When your child has to use the toilet, what term does he use?

Personality: Does he have any special fears? _____ if so, please list and

Explain: _____

Are you aware of any special problems, such as aggression, anger, anxiety, hostility, etc?

Discipline: By what means do you *discipline* your child? By spanking? _____ by scolding_____

By putting to bed? _____ other ways? _____

Miscellaneous: is there any other information which we should have concerning your child which would help us to understand him better?

What are you hoping to have your child gain from this experience?

What previous group experiences has your child had?

Are there other living in your household? If so, please list:

In which schools will you be seeking admission:

Please note: Any fees paid are not refundable nor transferable.

Father's Signature _____

Mother Signature _____

FOR OFFICE USE ONLY

TERM : _____

ADMISSION FOR : _____ **CLASS**

TIME : _____

DATE OF SUBMISSION : _____

KINDLY ENCLOSE:

*Birth Certificate (Xerox Copy) *A Self-Addressed Stamped Envelope & 3 Passport Sized Photographs

Time Preference: