



Educare for your little flower

Next to MITCON, Opp. BaLewadi Stadium, Pune - 45.

ADMISSION No.:

APPLICATION FORM No.:

[Empty box for Application Form No.]

Applicant's Recent Passport Size Colour Photograph

Academic Year _____ Application for the School Day Care Both
School Batch: Morning Afternoon Day Care Timings: _____
Class: _____ Class Name (office use) _____

APPLICANTS PERSONAL DATA

Name: _____ (First name, Father's / Guardian's name, Surname)
Boy Girl Preferred or Nickname _____ Birth Date ___/___/___ Age ___
Residence Address: _____
Place of Birth: _____ (City, State, Country) Nationality: _____
Mother Tongue: _____ Other Languages spoken: _____
Applicant's Position in family (Eg.: 1st born, 2nd born) _____ Is he / she adopted? If yes, at what age? _____
Child's proficiency in English: Excellent Good Fair Poor

APPLICANTS EDUCATIONAL HISTORY

Has the child attended any school/ Day Care in the past? Yes No
(If yes), then Please fill the following:
School Name: _____ Daycare Name: _____
City / State: _____ City / State: _____
Duration: _____ Grade(s) _____ Duration: _____
How old was the child when he/ she entered the school _____ yrs & / Or Daycare _____ yrs

School Transport Information (only for Day Care children coming from other schools)

Name of the School: _____
Class & Class Name: _____
School Address & Contact No.: _____
Name & Contact Number of the transporter: _____
Any Other: _____

PARENTS' DATA

Father / Guardian

■ Name: _____

■ DOB: _____

■ Education: _____

■ Occupation/ Designation: _____

■ Employer: _____

■ Residential Address: _____

■ Contact details: Tel (Res):

Tel (Office):

M:

email: _____



Mother/ Guardian

Name: _____

DOB: _____

Education: _____

Occupation/ Designation: _____

Employer: _____

Residential Address: _____

Contact details: Tel (Res):

Tel (Office):

M:

email: _____



■ The applicant resides with Both parents' Father Mother Others _____

■ Who has legal custody of the applicant? Both parents' Father Mother Others _____

SIBLING INFORMATION

■ Name: _____ Brother Sister Age: _____ School / Grade: _____

■ Name: _____ Brother Sister Age: _____ School / Grade: _____

■ Total no. of members in the family: _____ Does the child live in the joint family? Yes No

OTHER INFORMATION

■ How did you come to know about Petals? _____

■ You chose Petals due to: Convenient Location Programmes and Timings suits the family schedule

Any other _____

DECLARATION

All information provided by us on this application form is truthful, accurate and complete.

Signature

Parent / Guardian's Name _____

For office use only

Date of Admission: _____

Date Of Joining : _____

Date Of Leaving : _____

Principal's Signature / Date _____

Remarks (if any): _____
