



Admission form

Sr. No.:
Admission sought in: □ Play School □ Nursery □ Euro Junior □ Euro Senior
Time Slot (Batch) Preferred:
Particulars of the child
Name:Surname:
Name used at home:
Sex: □ Male □ Female
Nationality:
Date of birth:(dd/mm/yy)
Age:Years:Month:Days:
Address:
Language (s) spoken at home: English Others
Particulars of Parents/Guardian
Father / Guardian
Name:
Educational Qualifications: □ Under Graduate □ Graduate □ PostGraduate
Occupation:
Office Address:

Mother M						
ducation Qualifications: Under Graduate Graduate Post Graduate ccupation:	Tel.No:	[Res.]	[Off.]	[M	ob.]	
ducation Qualifications: Under Graduate Graduate Post Graduate Ccupation:	Moth	er				
ffice Address: Pel.No:[Res.]	Name:			_		
el.No:[Res.] [Off.] [Mob.] More about your child More about your child Previous Schooling: Yes No Sters (mention age) 1 2 3 Sters (mention age) 2 3 No No No No	Educati	ion Qualifications:	□ Under Gra	nduate □ Grad	uate 🗆	Post Graduate
More about your child revious Schooling: Yes No yes, please specify: No your child toilet-trained? Yes No ow many sibiling does the child have? rothers (mention age) 1 2 3 sters (mention age) 2 2 3 as any of the child's kin attended Eurokids before: Yes No	Occupa	ition:				
More about your child revious Schooling:	Office A	Address:				
More about your child revious Schooling:						
revious Schooling:	Tel.No:	[Res.]	[Off.]	[Mo	ob.]	
yes, please specify:			1	More abou	ıt your	child
ow many sibiling does the child have? rothers (mention age) 1 2 3 sters (mention age) 2 2 3 as any of the child's kin attended Eurokids before: No	Previou	us Schooling: 🗆 Y	es 🗆 No			
ow many sibiling does the child have? rothers (mention age) 1 2 3 sters (mention age) 2 2 3 as any of the child's kin attended Eurokids before: No	If yes, p	lease specify:				
rothers (mention age) 1 2 3sters (mention age) 2 2 3 3 as any of the child's kin attended Eurokids before: Yes No	ls your	child toilet-trained	? — Yes —	No		
sters (mention age) 2 2 3 3 as any of the child's kin attended Eurokids before: Yes No	How m	any sibiling does th	e child have?			
as any of the child's kin attended Eurokids before: No	Brothers	s (mention age) 1		2	3	
·	Sisters	(mention age) 2		2	3.	
	Has any	y of the child's kin a	ttended Eurok	ids before: □ Ye	s 🗆 No	
Yes, which city which year	If Yes, v	vhich city		which year_		

Medical Record

I) Immunisation History:

Vaccination		Age	Yes(√)	$\mathbf{No}()$
a)	BCG	(0-2 weeks)		
b)	DPT(I,II,III)	(6-24 weeks)		
c)	Oral Polio Vaccine(OPV)	(6 doses)		
d)	Measles	(8-9 month)		
e)	MMR	(15-18 month)		
f)	DT	(4-6 years)		
g)	HBV- Hepatitis(I,II,III)	(upto 24 weeks)		
h)	Hi B(Meningitis-3 does)	Under 1 year of age		
i)	Chicken Pox	After 1 year of age		
j)	Typhoid	After 2 years of age		
k)	Hepatitis A(2 doses)	After 1 year of age		

	doses)				
e:					
	Vaccines (a) to (g) are compulsory.				
	(h) to (k) are optional, but recommended once a year.				
	History of Past illness:				
	Specific ailments suffered in the past:				
	Surgery undergone (if any):				
	Allergy (if any):				
	Does your child suffer from any phobias? □ Yes □ No.				
	If yes, please specify:				
	Is the child presently on any regular medication? ☐ Yes ☐ No				
	If Yes, please specify:				
	Any special instructions:				

Parent's/Guardian's Declaration

I declare that the information given is correct and complete and I have not withheld any information. I agree to entrust my child under the care of the staff at eurokids. I shall not hold eurokids responsible for any unavoidable mishap or accident.

Date:	Father's/Guardian's Name	Father's/Guardian's Sign		