



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 Hindi Others _____

Particulars of Parents/Guardian

Father / Guardian

Name: _____

Educational Qualifications: Under Graduate Graduate PostGraduate

Occupation: _____

Office Address: _____

Tel.No:[Res.]_____ [Off.]_____ [Mob.]_____

Mother

Name:_____

Education Qualifications: Under Graduate Graduate Post Graduate

Occupation:_____

Office Address:_____

Tel.No:[Res.]_____ [Off.]_____ [Mob.]_____

More about your child

Previous Schooling: Yes No

If yes, please specify:_____

Is your child toilet-trained? Yes No

How many sibling does the child have?

Brothers (mention age) 1 ._____ 2._____ 3._____

Sisters (mention age) 2 ._____ 2._____ 3._____

Has any of the child's kin attended Eurokids before: Yes No

If Yes, which city_____ which year_____

Medical Record

I) Immunisation History:

Vaccination	Age	Yes(√)	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		

Note:

- Vaccines (a) to (g) are compulsory.
- (h) to (k) are optional, but recommended once a year.

II) 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