



Affix here a passport size photograph of the child.

PARTICULARS OF CHILD

Name : _____
 Name used at home : _____
 Gender : _____
 Date of Birth : _____
 Mother tongue : _____
 Residential address : _____

 Language Spoken : _____
 Allergy or medical condition (if any) : _____
 Blood Group : _____

OTHER INFORMATION REQUIRED

Mother's Name : _____
 Educational qualification : _____
 Occupation : _____
 Work Address : _____
 Telephone Number : _____
 Father's Name : _____
 Educational qualification : _____
 Occupation : _____
 Work Address : _____
 Telephone Number : _____

Attachments

1. Copy of birth Certificate
2. Copy of immunization card/record
3. Two passport size photographs
4. Passport size photo of parents/ Guardian or authorized pick up

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 I Wonder Y. I have read through the I Wonder Y pre-school policies and am in agreement with the said policies.

ADMISSION SOUGHT IN:

- (a) ☐ Pre-toddlers (1.5-1.9 years)
 (b) ☐ Toddlers (< 3 years)
 (c) ☐ Pre-k (< 4 years)
 (d) ☐ K1 (< 5 years)
 (e) ☐ After School (6 - 12 years)
 (f) ☐ Drop In Emergency Child Care (1.5 to 12 years)

Date: _____ Signature of Parent/Guardian _____