



## Welcome to **Little EINSTEINS Neknampur!**

We're thrilled that you're considering us for your child's education journey. Please fill out the form below, and let's embark on this exciting adventure together!

<b>Child's Information:</b>	
Child Full Name:	
Date of Birth:	
Gender:	
AADHAR Number	
Previous School (if any):	
Grade Applying For:	
Interested Hobbies (Arts/Dance/Chess/Basket Ball):	

<b>Parents' Information:</b>	
Father Full Name:	
Father Occupation:	
Father Organization Name:	
Contact Number:	
Email Address:	
Mother Full Name:	
Mother Occupation:	
Mother Organization Name:	
Contact Number:	
Email Address:	
Current Address:	
City, Pin Code:	

### **Child's Medical History:**

1. Please mention if the child is suffering from any of chronic ailment: \_\_\_\_\_
2. Blood Group: \_\_\_\_\_
3. Is the child allergic to any particular medicine? (if so, give details): \_\_\_\_\_
4. Emergency Contact No: \_\_\_\_\_



### **Additional Information:**

How did you hear about our school?

<b>Particulars</b>	<input checked="" type="checkbox"/>
Word of mouth	
Online Search	
Social media	
Advertisement	
Please specify if any	

**What factors influenced your decision to consider our school?**

<b>Particulars</b>	<input checked="" type="checkbox"/>
Academic Reputation	
Location	
Facilities	
Extracurricular Activities	
Please specify if any	

Declaration: I certify that the information provided above is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_