



Add Photo

Montessori Day Care Activity Centre

27, Opp. Sardarnagar Police Chowki, Talawadi Circle, Airport Road, Ahmedabad-382475

Phone : 9638369481 Website : www.littleworld.in

ADMISSION FORM

Admission Form No. : _____

Academic Year : _____

Child's Name : _____

Place & Date of Birth : _____

Mother Tongue : _____

Gender : Male : Female :

Religion : Caste : _____ SC/ST/BC : _____ Nationality : _____

Father's Name : _____

Educational Qualification : _____ Contact No. : _____

Occupation : _____

Office Address : _____

Mother's Name : _____

Educational Qualification : _____ Contact No. : _____

Occupation : _____

Office Address : _____

Residence Address : _____

Emergency Contact Name : _____

Relationship with Student : _____ Contact No. : _____

Any Medical History / Allergies the school should be aware of : _____

* We hereby apply for admission of our child in **LITTLE WORLD MONTESSORI DAY CARE ACTIVITY CENTRE**. (Kindly submit a photo and photocopy of your Child's Birth Certificate.) * Fees once paid is non-refundable.

DECLARATION

The School and its affiliates shall not be responsible for any injuries, accidents, damages, claims, demands etc. whatsoever holding each individual student/parent personally responsible, during all time in the school premise and while moment to and fro from the school to residence, waiving all probative rights. We cannot be held responsible for any injuries, damages etc.

Father's Signature : _____

Date : _____

Mother's Signature : _____

Principal's Signature : _____