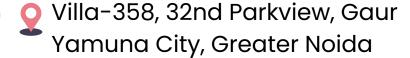


LITTLE STEPS, BIG DREAMS' THE CASTLE BUNNIES



+91 8279587696,7682827929



APPLICATION FORM FOR ADMISSION 2025-26

Child's Photograph Mother's Photograph

Father's Photograph

1. CHILD'S INFORMATION

| Full Name of the Child: |
|--|
| Date of Birth (DD/MM/YYYY): |
| Age As of 31 ST March 2025: |
| Gender: Male Female Other |
| Nationality: |
| Aadhaar Number (If Available): |
| Residential Address: |
| |

2. PARENT/GUARDIAN INFORMATION

| Father's Details: | |
|-----------------------------|--|
| Full Name: Contact Number: | |
| | |
| Occupation: - | |
| Office Address: _ | |
| Mother's Detail: | |
| Full Name: | |
| Contact Number: | |
| Email Address: | |
| Occupation: - | |
| Office Address: | |
| Guardian Detail: | |
| Full Name: | |
| Contact Number: | |
| Email Address: | |
| Occupation: - | |
| Office Address: | |

| 3. PROGRAM APPLYING FOR (PLEASE TICK®) |
|--|
| □ Playgroup : 1.5-2.5 Years |
| □ Nursery: 2.5-3.5 Years |
| □ LKG: 3.5-4.5 Years |
| □ UKG: 4.5-5.5 Years |
| □ After Hours (Daycare) : 1.5 Years - 6 Years |
| □ Happy Hourly Care: 1.5 Years - 6 Years |
| 4. EMERGENCY CONTACT DETAILS |
| Name of Emergency Contact Person: |
| Relationship With the Child: |
| Contact Number: |
| 5. MEDICAL INFORMATION |
| Does Your child have any allergies?□Yes□No If Yes, |
| please specify: |
| Any existing medical conditions?□Yes □No If Yes, |
| please specify: |
| Blood Group: |
| |

6. DOCUMENTS REQUIRED (TO BE SUBMITTED ALONG WITH THE FORM)

| □ Birth Certificate □ Recent Passport Size (Size Photographs (2) □ Aadhaar Card Copy (If available) | |
|---|---|
| DECLARATION | |
| ,, parent/guardian of | |
| nereby declare that the information provided above is true and correct to the best of my knowledge. I agree to abide by the rules and regulations of The Castle Bunnies - Pre- School & Daycare. | _ |
| Signature of Parent/Guardian: Date: | _ |

Mother's Signature

Father's Signature