



EAZY DAY ACADEMY (MONTESSORI & DAY CARE)
 #3, PANCHTHARANI, MEHTA AVENUE, BALAJI NAGAR,
 PADIKUPPAM ROAD, ANNA NAGAR WEST,
 CHENNAI - 600 040, TN, India
 M: 99410 74368 / 98406 91219
 EMAIL: eazydayacademy@gmail.com | WEBSITE: www.eazyday.netai.net

Eazy Day Academy admission/registration form

Child's Details

Date of birth		Gender	M / F
First name(s)		Surname	
Address			
	Postcode		
Preferred choice of name if any			

Name of First Parent/Guardian Living at Home Address Above

Title		First name		Surname	
Relationship to child		Parental responsibility?	Yes / No		
Home telephone number		Mobile phone number			
Email address		Work telephone number			
Work place					

Name of Second Parent/Guardian

Title		First name		Surname	
Relationship to child		Parental responsibility?	Yes / No		
Mobile telephone number		Work telephone number			
Workplace		Address (if different)			

Other children in the family Name(s) and date of birth	
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Emergency Contact Details

Name of doctor		Telephone number	
Practice address			
Other local contacts in case of emergency or illness at pre-school			
Name(s)		Telephone number(s)	
Emergency Password		Only authorised persons will allowed to collect your child	

Supplementary Details

Has your child had any serious illnesses or injuries?	Yes/No Details
Has your child completed an immunization program to date?	Yes/No Details
Has your child any known allergies and medical conditions?	Yes/No Details
Does your child have any particular or special needs?	Yes/No Details
Does your child have any fears?	Yes/No Details
Does your child drink milk? If NO are they allowed ANY dairy products please give details	Yes/No
Languages spoken at home	
Please state child's religion/culture	
Has your child attended an under five's group before?	Yes/No Details
Preferred choice of infant school	

Permissions

Occasionally we may take the child away from the premises for a walk, to the temples or park. I give my permission for my child to take part in these activities	Signature Date
Photographs are used to track children's learning, in newsletters, displays, pre-school publications and local newspapers I give my permission for my child to be photographed for the above reasons	Signature Date
I give my permission for a trained first aider to administer first aid to my child	Signature Date

Any other information you think would be helpful for us to know about your child.

Thank you for telling us about your child, we look forward to your child joining us and enjoying their time at Eazy Day.

Registration Fee:

A non-refundable registration fee of _____ is charged for all children who wish to attend Eazy Day Montessori & Day Care. If the child is taking admission in the middle of the session you have to pay fee for full session. If the Child remains absent for longer duration due to any reason then school will not adjust his/her fee for the Quarter. Cheques should be made payable to **EAZY DAY ACADEMY**.

Signature

Signature		Date	
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Any information given to the Eazy Day Academy as part of this application/registration form will be treated with the strictest of confidence. Any Data collected will be, fairly and lawfully processed, for limited purposes, adequate, relevant and not excessive, accurate, not kept longer than is necessary, processed in accordance with the data's subjects rights, held securely and not transferred to other organisations unless required to do so by Ofsted, health and safety legislation or other legal obligations.