



# LITTLE STAR NURSERY

Child's  
Photo

## Admission Form

Full Name .....

Nationality ..... Religion .....

Date of Birth ..... Place of Birth .....

Father's Name .....

Occupation .....

Office Address ..... Office Tel : .....

Mother's Name .....

Occupation .....

Office Address ..... Office Tel : .....

Health Problems the Nursery should know about .....

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Blood Group .....

Home Address .....

Home Telephone .....

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In Case of Emergency Contact :

Parent : Mr. / Mrs. ....

Tel . No. (Res.) .....(Off.) .....

Guardian : Mr. / Mrs. ....

Relationship ..... Tel. Nos. (Res).....(Off.).....

Parent's Signature : .....

***Medicine given in Case of Fever***

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