



## Early Impressions Child Care - Pre School

5/54, Ramalinga Gounder Street,  
Vadavalli Panchayat Opp, Maruthamalai Rd,  
Vadavalli, Coimbatore – 641 041.  
Tamilnadu, India.  
Phone :+ (91) (0422) 2422150  
Mail: [info@earlyimpressions.org](mailto:info@earlyimpressions.org)

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### Registration/Application Form for Kindergarten Program

#### **Child Particulars**

Student's Name : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_ Age: \_\_\_\_\_ Sex : Female / Male  
Mother tongue : \_\_\_\_\_  
Language II(U.K.G.) : Hindi / Tamil /Other please Specify : \_\_\_\_\_  
Admission required : U.K.G / L.K.G

#### **Parents /Guardian Particulars**

Father's / Guardian Name : \_\_\_\_\_  
Occupation : \_\_\_\_\_  
Mother's Name : \_\_\_\_\_  
Occupation : \_\_\_\_\_

#### **Address of Communication**

Address 1 (1<sup>st</sup> Contact) : \_\_\_\_\_  
\_\_\_\_\_  
Address 2 (2<sup>nd</sup> Contact) : \_\_\_\_\_  
\_\_\_\_\_

#### **Contact Numbers**

Home : \_\_\_\_\_  
Work : \_\_\_\_\_  
Mobile : \_\_\_\_\_  
Email : \_\_\_\_\_

#### **Medical particulars**

Blood Group : \_\_\_\_\_  
Other : \_\_\_\_\_

I declare that I have read the instructions regarding fees etc., and completed the application for admission. The Early Impression Management reserves the right to offer or reject the admission for my child.

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

Place: \_\_\_\_\_

Signature of Parents / Guardians

(use extra sheet if required)