

DECLARATION:

- I declare that I am in a position to pay the prescribed fees and funds and will not ask for fee concession.
- I understand that filling up of this Registration Form does not confirm the admission of the child.
- The information given above is true to my knowledge & belief. If any information is found to be contrary to the facts, the admission of my ward may be cancelled at any stage.
- The name & date of birth of my ward as spelled above is correct and I shall not request for its change at a later stage.
- I hereby certify that my ward and myself shall follow all the rules, regulations and procedures as laid down by the School from time to time.
- I understand that the decision of the Management of the school shall be final & binding on me.
- I certify that I am the bonafide guardian of the child.

Signature of the Mother

Signature of the Father

Date:

Place:

NOTE:

1. Original Birth Certificate from the Municipal Committee/Municipal Corporation will be required in support of date of birth of the student in case of admission to pre-primary/primary classes.
2. A copy of the Residence Proof is mandatory.
3. The candidate will be considered only for the class for which he/she is registered.
4. This Registration Form duly completed should be deposited in the office within two days from the date of issue of this Form.
5. School Leaving Certificate in original from the previous school will be required, if selected for admission to any class other than LKG.
6. Registration fee of Rs. _____ is not refundable.
7. Please log on to School Website www.dav4849gurgaon.org for process of admission and regular updates.

FOR OFFICE USE ONLY

Receipt No. _____

Date _____

Signature of Accounts Assistant

Regn. No. _____

D.A.V. PUBLIC SCHOOL, SECTOR-49, GURUGRAM

ADMISSION TO LKG/PRE-NURSERY

SESSION – 20__ - __

NAME OF THE CHILD _____

FATHER'S NAME _____

MOTHER'S NAME _____

ADDRESS _____

CONTACT NO. _____

Q1. Please share with us that one trait of your child which brings a sparkle in your eyes.

Q2. The concept of education has taken a new meaning in today's times. What are your beliefs about this and your expectations from the school in this regard?

Q 3. How can parents and educators work in collaboration to develop a holistic personality of a child?

D.A.V. PUBLIC SCHOOL, SECTOR -49, GURUGRAM
(ADMISSION TO PRE-NURSERY IN SECTOR 49)

NAME OF THE CHILD _____

FATHER'S NAME _____

MOTHER'S NAME _____

YOUR CHILD'S TEMPERAMENT:

- | | |
|---|--------|
| ➤ Does he get irritated soon? | Yes/No |
| ➤ Does he cry often if denied anything? | Yes/No |
| ➤ Gets frightened easily. | Yes/No |
| ➤ Feels uncomfortable in the presence of strangers. | Yes/No |
| ➤ Feels shy in the presence of family friends. | Yes/No |
| ➤ Mixes well with other children. | Yes/No |
| ➤ Plays with children of his own age. | Yes/No |
| ➤ Plays with children younger to him. | Yes/No |
| ➤ Plays with children elder to him. | Yes/No |
| ➤ Prefers to play alone | Yes/No |

YOUR CHILD'S DISPOSITION:

- | | |
|--|---|
| ➤ How would you describe your child? | Playful/ Shy/ Outgoing/ Reserved |
| ➤ The language in which you communicate with your child: | Hindi/ English/ Regional language/ Mixed |
| ➤ Does your child maintain eye contact? | Usually/ Sometimes/ Rarely/ Never |
| ➤ Your child is able to open his tiffin/ bottle: | Independently/ With Assistance/ Not at all/ Is learning |
| ➤ Your child takes care of his belongings: | Meticulously/ Usually/ Sometimes/ Not really |

SLEEPING HABITS:

- | | |
|---|--------|
| ➤ Sleeps alone. | Yes/No |
| ➤ Sleeps easily without bothering anybody. | Yes/No |
| ➤ Sleeps reluctantly. | Yes/No |
| ➤ Time of sleeping | _____ |
| ➤ Time of waking up | _____ |
| ➤ Likes to put his thumb in his mouth | Yes/No |
| ➤ Likes someone to put him to sleep by singing or telling stories | Yes/No |
| ➤ Sleeps in afternoon | Yes/No |
| ➤ If yes, for how long? | _____ |

TOILET HABITS:

- Bed wetting? Yes/ no
- If yes, When? Day/ night
- If no, at what age did he stop? _____
- Does he/ she indicate when he has to go to the toilet? Yes/ No

CLEANLINESS HABITS:

- Takes bath regularly Yes/No
- Washes hands before and after meal Yes/No
- Puts finger/straw etc. in the mouth Yes/No
- Sucks thumb Yes/No
- Bites nails Yes/No

GENERAL HEALTH:

- Has the child ever suffered any major illness Yes/No
- If yes, at what age _____
- Name of the illness _____
- His present condition _____

FAMILY SUPPORT/PARENTAL ATTITUDE IN CHILD CARE:

- Does the mother go out for work? Yes/No
- If yes, who looks after the child? _____
- For how long is the mother away from home? _____
- How much time does the mother spend with the child? _____
- How much time does the father spend with the child? _____

IF THE CHILD DOES SOMETHING WELL (PUT A TICK ✓ AGAINST THE APPROPRIATE ITEM) DO YOU-

- ❖ Encourage/praise him
- ❖ Give him material rewards
- ❖ Ignore him

IF THE CHILD DOES SOMETHING WRONG, DO YOU-

- ❖ Punish him
- ❖ Deprive him of something
- ❖ Try to make him understand
- ❖ Do not pay any attention to it

SIGNATURE OF PARENTS