



# INTERNATIONAL NURSERY

## FAMILY INFORMATION: (contd.)

Telephone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred mode of Communication:  Telephone  Mobile  Email



Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Qualification: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of Organization / Employer: \_\_\_\_\_

Business / Office Address: (Please mention complete address) \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred mode of Communication:  Telephone  Mobile  Email



Name of Guardian: (if applicable) \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Business / Office Address & Telephone Number: (Please mention complete address) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## DECLARATIONS:

I agree to my child's photograph appearing in any of Toddlers International Nursery brochures or publications

The Undersigned Certifies that the following are acceptable to him / her:

1. Fees once paid are not refundable under any circumstances.
2. The decision of the Management shall be final.
3. Management reserves the right to implement changes to the fees and curriculum from time to time as the circumstances may require.
4. Management reserves the right to retain the Work Books / Activity books / Any material used by the students in class.
5. Not to hold Toddlers International Nursery responsible for any illness, accidents or injury during field trips or on Toddlers International Nursery premises. I hereby verify that I have read, understood and accepted the above statements. In case of emergency, the school may call the family physician or any other available physician to examine the child .... (without such permission, the school assumes no responsibility for emergency medical attention)

Signature : \_\_\_\_\_