

# A Journey of Growth and Learning.



## Registration Form

Child's Name: .....

Registration Number: .....





# PARENT'S / FAMILY PROFILE



## Mother's/Guardian's Details

Name: .....

Residential Address: .....

..... Pincode.....

Contact No.: .....

Qualification: .....Occupation: .....

Designation: .....

Office Address: .....

..... Pincode.....

Contact Number :.....Mobile Number: .....

Email: .....

Medical History: .....

## Father's/Guardian's Details

Name: .....

Residential Address: .....

..... Pincode.....

Contact No.: .....

Qualification: .....Occupation: .....

Designation:.....

Office Address: .....

..... Pincode.....

Contact Number :.....Mobile Number: .....

Email: .....

Medical History: .....

### Monthly Household Income (₹):

< 25,000     25,000 to 50,000     > 50,000 to 1,00,000     >1,00,000

Brother's/Sister's Name (if any)	Gender	Date of Birth	School Attending	Standard

### Others members in family:

Name	Gender	Relationship with Child	Date Of Birth

# HEALTH/MEDICAL PROFILE



## Family Doctor

Name:.....

Address:.....

.....

Landline: .....Mobile Number: .....

E mail ID:.....

Does your child have any allergies (food, medications, environment, insects, animals etc.)?  Yes  No

If "Yes" please explain  
.....  
.....  
.....

Does your child have any physical, emotional or behavioural issues that may interfere with his/her learning?  
If "Yes" please explain  Yes  No

.....  
.....  
.....

At home, does your child take a daily medication?  Yes  No

If "Yes" please explain including name of medication, dosage, route of administration and rationale for administration.  
.....  
.....  
.....

Is there any further information you feel we should know that may help us understand your child?  
.....  
.....  
.....

Any other comments, which might be useful to the school authorities in managing your child's health care:  
.....  
.....  
.....



### Emergency Permission

I give my consent for emergency measures to be taken in case of an emergency situation arising due to an accident/violent injury/medical or surgical emergency with the understanding that I [the father/the mother/the guardian of the child] shall be notified/informed as soon as possible. The school will accept no responsibility for any unforeseen incident that may occur due to the administration of medicine/treatment in both emergency and non-emergency situations, though necessary precautions are taken.

### Father's/Guardian's Signature

### Emergency Contact

In the event, the parent/guardian cannot be reached, the school will call the people listed below. People listed below should be individuals who can:

1. Give permission to administer health care
2. Pick up the child if the child is ill
3. Give advice about caring for your child

Name: ..... Name: .....

Address:..... Address:.....

.....

..... Pin:..... Pin:.....

Contact Number: ..... Contact Number: .....

Mobile: ..... Mobile: .....

Relation with Child..... Relation with Child.....

I/We, parent[s]/guardian(s) of ..... have read the rules, regulations and guidelines applicable with respect to Joy Preschool as given and have understood the same and have thereafter decided to enrol my son/daughter at the school. I/We hereby agree and undertake to abide by all the policies of the Joy Preschool and to strictly adhere to all the rules and guidelines as laid down by them.

### Verification

I hereby verify that I have read the information included in this form and the information provided by me is complete and correct.

Date: .....

Place: .....

Father's/Guardian's Signature

Signature with Seal/Stamp

## TRANSPORT CONSENT FORM

### Declaration

- I hereby declare that I am aware of the transport facilities provided by Joy Preschool for my child.
- I understand that the school will take all necessary precautions to ensure the safety and well-being of my child during transportation.
- However, I release and hold harmless the school, its employees, and contractors from any claims or liabilities arising from any accidents or injuries that may occur during transportation.
- I hereby grant permission for my child to use the transport facility provided by the school.

**Parent's / Guardian's Signature**

## MEALS CONSENT FORM

I, parent/guardian, give permission for my child/ward to participate in the food program offered by the school. I understand that:

- The food provided will be chosen with care, taking into consideration any known food allergies or dietary restrictions of the student/participant.
- Any food provided may contain common allergens such as peanuts, wheat and dairy.
- It is my responsibility to inform school of any food allergies or dietary restrictions my child/ward have.

**Parent's / Guardian's Signature**

# CCTV CONSENT FORM



## Consent for CCTV Access:

I, .....  
Father/Mother/Guardian of .....  
hereby grant permission to **Joy Preschool** to provide me with access to the Live CCTV Streaming of classroom and common areas of school premises

## Purpose of Access:

The primary purpose of providing access to the Live CCTV Streaming is to allow parents/guardians to monitor and ensure the safety of their child while at school. It is important to note that the access granted is for personal use only and should not be shared with others or used for any unauthorized purposes.

## Conditions and Limitations:

- Access to the Live CCTV Streaming is granted solely for the purpose of monitoring the safety of the child attending Joy Preschool
- The Live CCTV Streaming accessed should not be used for any commercial or non-school related purposes.
- Parents/guardians are strictly prohibited from tampering with, copying, or distributing any part of the Live CCTV Streaming.
- The school reserves the right to revoke Live CCTV Streaming at any time if there is a breach of the conditions mentioned above.

## Technical Details:

Access to the Live CCTV Streaming will be provided through a secure online portal or application. Detailed instructions on how to access and navigate the system will be provided upon completion of this consent form.

**Parent's / Guardian's Signature**

## Discontinuation of Add-on Services

In case of discontinuation of **Transport/Meals/CCTV Access** facility, you are requested to inform us by end of the existing month or else you shall be liable to pay the charges for the coming month. This will ensure a seamless transition.

**Parent's / Guardian's Signature**

**Date:**

## RULES AND REGULATIONS

1. The last date of fee submission stands as 7th of every month.
2. A fine of ₹30/Day shall imply beyond the last date of fee submission.
3. If the dues are not cleared by 25th of month registration charges are to be repaid.
4. Child should come regularly neatly dressed up in school uniform.
5. Ensure personal hygiene of your ward-Hair to be Combed & Nail to be cut.
6. Non-Vegetarian items are prohibited in the school premises.
7. The Child shall bear the school ID Card every day to the school.

In case of lost ID Card a new card shall be reissued at a cost of ₹100

8. Child should reach school premises on time.
9. Sharp tools/Toys Which might insure are strictly prohibited in the school premises.
10. A letter of leave of absence to be submitted prior, in case of a planned leave.
11. In case of an emergency leave school front desk to be informed either via a call or a message.
12. Parent/Guardian must carry the Escort card' regularly to school for the child pick up.
13. A minimum of 4 months' fee must be paid for the respective academic year to process the withdrawal/transfer, else the parent will be liable to pay ₹..... which was provided as a discount at the time of admission, to ensure the release of the student kit.
14. All fees paid to the school are non-refundable and non-transferable. Once paid, fees will not be refunded or adjusted against future fees in case of withdrawal or absence of a student.

**Parent's / Guardian's Signature**

**Date:**

## DOCUMENTS REQUIRED

**You are required to attach a photocopy of the below mentioned documents:**

- Birth Certificate/adhar Card of The Child
- Vaccination Record of The Child
- Photo Id Proof of Either of The Parent
- Residential Proof
- Child's Photograph (5 Photos)
- Parent's Photograph (2 Each)
- Guardian's Photograph (1 Each)



LET'S  
GROW  
TOGETHER



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