SMALL WONDERS
Where the mind is without fear

Early Years Cambridge Admission Form

STUDENT INFORMATION

Full Name of Child:	
Date of Birth:	Age:
Gender:	Nationality:
Languages Spoken:	
Languages Understood:	

PARENT / GUARDIAN INFORMATION

Father's Name:	
Educational Qualification:	
Occupation:	
Contact Number:	
Email ID:	
Mother's Name:	
Educational Qualification:	
Occupation:	
Contact Number:	
Email ID:	
Emergency Contact (other than parents):	
Relation:	
Contact Number:	

PROGRAM DETAILS

Applying for: ☐ EY1 ☐ EY2 ☐ EY3	
Academic Year:	

MEDICAL INFORMATION

Blood Group:	
Allergies (if any):	
Medical Conditions (if any):	

DOCUMENTS REQUIRED

☐ Birth Certificate	
☐ Immunization Record	
☐ Passport-size Photographs (4)	
☐ Copy of Aadhar Card	
☐ Parent ID Proof	

DECLARATION

I/We declare that the information provided is true and correct. I/We agree to abide by the rules and regulations of Small Wonders.	
Parent/Guardian Name & Signature:	
Date:	

For Office Use Only

Reg No:	Year:	Gr. No: