



## Early Years Cambridge Admission Form

### STUDENT INFORMATION

Full Name of Child:	
Date of Birth:	
Gender:	
Age:	
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:	
Residential Address:	
Emergency Contact (other than parents):	
Relation:	

### PROGRAM DETAILS

Applying for: <input type="checkbox"/> EY1 <input type="checkbox"/> EY2 <input type="checkbox"/> EY3
Academic Year:



## MEDICAL INFORMATION

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

## DOCUMENTS REQUIRED

<input type="checkbox"/> Birth Certificate	
<input type="checkbox"/> Immunization Record	
<input type="checkbox"/> Passport-size Photographs (4)	
<input type="checkbox"/> Copy of Aadhar Card	
<input type="checkbox"/> 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:
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