



# Kindergarten & Childcare

Play, Learn and Grow Together

242/ 2, Trinco Road, Batticaloa  
0653 654 930, 0728 828 928

info@futuremindskg.com  
www.futuremindskg.com

## REGISTRATION FORM

For Office Use ONLY

Class		Admission No	
-------	--	--------------	--

### Student Details

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Male  Female

Date of Birth \_\_\_\_\_ (Date/Month/Year)

Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Address for correspondence \_\_\_\_\_  
\_\_\_\_\_ Telephone \_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

### Parents Details

Father's Name \_\_\_\_\_

Father's Occupation & Designation \_\_\_\_\_

Name of Workplace/ Organization \_\_\_\_\_

Address of Workplace / Organization \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Occupation & Designation \_\_\_\_\_

Name of Workplace/ Organization \_\_\_\_\_

Address of Workplace / Organization \_\_\_\_\_  
\_\_\_\_\_



# Kindergarten & Childcare

Play, Learn and Grow Together

242/ 2, Trinco Road, Batticaloa  
0653 654 930, 0728 828 928

info@futuremindskg.com  
www.futuremindskg.com

Name of Guardian \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

NIC \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

## Emergency Contact Detail

Name of person \_\_\_\_\_ Tel/Mob \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

## Academic & Health Information

Admission for Play Group

Lower Kindergarten

Higher Kindergarten

Visible personal marks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does this child have any known health related problems (if yes, mention) \_\_\_\_\_

\_\_\_\_\_

Any known allergies \_\_\_\_\_

Blood group \_\_\_\_\_

Name of Family doctor (if any) \_\_\_\_\_ Tel \_\_\_\_\_

Is handicapped  (if yes) specify \_\_\_\_\_

Any learning disability (if yes, mention) \_\_\_\_\_

Full Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Signature of Parent / Guardian