Name of Parent			
(we would pr	refer the mother's name &	z mobile number	if available)
Program: PlayGroup		☐ EuroJunio	EuroSenior
Signatur of Parent :			
Part	icular of Paren	ts / Guard	lian
I) Father / Guardian			
Name:			
Educational Qualifications:	☐ Under Graduate	☐ Graduate	☐ Post Graduate
Occupation:	☐ Service	Business	☐ Public Services
Name of the Organiation : _		*	American Ingilia (1884)
Tel. No.: (STD Code)	(Res)		
	(Off.)(
Email Address :		made of the file	Participation of
II) Mother			
Name:			
Educational Qualifications:	☐ Under Graduate	☐ Graduate	☐ Post Graduate
Occupation: Home Mai	ker 🗆 Business	☐ Service	☐ Public Services
Tel. No.: (STD Code)		(Res)	
(STD Code)	(Off.) (Mob.)		fob.)
Email Address :			
	More about yo	ur child	
Previous Schooling:	☐ Yes ☐ No	0	
If yes, please specify:			
Is your child toilet-trained?	☐ Yes ☐ No	0	
How many siblings does the child ha	ve?		
Brothers (mention age) 1	2.	3	
Sisters (mention age) 1	2.	3	