

# ADMISSION APPLICATION

Child's  
Photograph



Pookkattupady Road,  
Near Sub Urban Club, Trikkakkara  
Kakkanad, Kochi - 21, Kerala  
Ph : 9847 50 9000 / 9847 58 9000

[www.littleheartspreschools.co.uk](http://www.littleheartspreschools.co.uk)  
[info@littleheartspreschools.co.uk](mailto:info@littleheartspreschools.co.uk)  
[lhpreschools@gmail.com](mailto:lhpreschools@gmail.com)

Proposed  
Start Date

Date of  
Submitted:

## FOR OFFICE USE ONLY

SIMS No.		Peach Tree No.	
Class Name		Sibling Info.	

## CHILD'S DETAILS

First Name		Gender	M	F					
Last Name		Date of Birth	DD	MM	YY				
Nationality		1st Language							
Other Languages		Previous Application in LH	Y	N					
Fee paid by	<input type="checkbox"/> Personal	<input type="checkbox"/> Company	Company Name						
Priority Contact Person									
Mobile Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relation Ship									

## SIBLING INFORMATION

Sibling at LH	Y	N
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Name	Status		Class	
	Applied	Registered		
	Applied	Registered		
	Applied	Registered		
Other Siblings:	Boy/s	Age/s	Girl/s	Age/s

## MEDICAL HISTORY

Allergies

Physical limitation

Previous illness (which could affect his/her activities)

Is it possible that your child may require special educational needs support?  Yes  No

*If yes, please give details*

Has your child encountered any difficulties at his/her previous Nursery?  Yes  No

*If yes, please give details*

Has your child any developmental problems and or medical conditions?  Yes  No

*If yes, please give details*

## OTHER FACTORS

Are there any family circumstances that you feel we should be aware of?  Yes  No

Summarise your child's food restrictions / special diet / fears, etc.

## FAMILY DETAILS

Father / Guardian

Mother / Guardian

Name

Home Telephone

Mobile

Email Address

Pincode

## OPTIONAL SERVICES

We are interested in the optional services below for our child, and understand that the **Fees** for these are charged separately from the **Pre-school Tuition Fees**.

**Early Class**  Yes  No **Aftercare**  Yes  No **Trasport**  Yes  No

## DECLARATION

We have read and accept Little Heart International Preschools (LHIPS) Admission Application. We confirm that all the information in the Admission Application is true and accurate, and we agree that in the event that the information provided is incorrect or inaccurate, the Nursery reserves the right to take the necessary action, including cancellation of admission we shall keep the Nursery updated of any changes in the information related to our child or to ourselves at all times.

We agree to fully abide by all of the Nursery's policies in support of our child's well being, including **Tuition Fee payment**. We understand that LHIPS provides transport service, early class and aftercare programmes, and the Fees for these optional services are not included in the Nursery's Tuition Fees and are subject to change at any time without notice.

We understand that all required documents referred to in the Admission Application, forms part of my child's admission. We shall submit all required documents not accompanying this **Admission Application** to the Nursery within **1 calendar week** from confirmation of our child's seat, failing which we understand that admission is subject to cancellation.

We understand that registration does not guarantee our child a place at Little Heart International Preschools and that admissions are at the discretion of the Nursery.

## DOCUMENT REQUIRED

**Please submit photocopies of the below information when you submit the Admission Application**

One copy of Child's **Birth certificate**

**4 colour passport size photographs** of child (please write Child's name at the back)

One copy of **updated Immunisation record**

Fee policy

Indemnity Form

Child Medical Information

Vaccination Information

Non-Prescription Medication Record

Photograph / Media Consent Form.

Father's Name / Guardian

Mother's Name / Guardian

Signature

Signature

Date

Date

## CHILD WITHDRAWAL

- ❖ If a child withdraws at any time, or does not join the Nursery, the Fees for Registration, Medical, Tuition and Optional Facilities (Aftercare, Transport etc.), are **non-regundable**.
- ❖ If a notice for withdrawal of a child is **initiated by the Preschool**, the balance of Tuition Fees paid will be refunded after deducting the Registration, Medical Fees and the Advance paid.
- ❖ A child can be withdrawn from Preschool by providing **one full term's notice** in writing to the Preschool to secure a refund of the next term's Advance / Tuition Fee, failing wich the subsequent term's Advance/Tuition Fee shall be charged in full.

### Prior to the start of the academic year

- ❖ If a parent informs the Preschool in writing of the intent to withdraw his/her child's seat in the next academic year on or before the 15th June, the Preschool will refund the amount paid for Tuition Fees (if Paid), after deducting the Registration, Medical Fee and the Advance.

## SUPPLIMENTARY

- ❖ The Preschool reserves the right to withhold the child's Nursery Report until settlement of all outstanding balances.
- ❖ The Preschool reserves the right to refuse re-admission unless all previous outstanding balances have been settled and if Fees are not paid in the manner stated herein.
- ❖ The Preschool reserves the right to make any changes and exceptions to its Fees Policy at its discretion at any time.

Father's Name / Guardian

Mother's Name / Guardian

Signature

Signature

Date

Date

# INDEMNITY FORM

**CHILD'S NAME**

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

here agree:

That the LHIPS, or any supervisors, teachers, assistants, officials, voluntary helpers or owners, shall have no responsibility of whatsoever nature in respect of my child:

1. Prior to actual delivery of the said child into the custody of the said teachers or officials inside the Preschools ground, or after the child has been collected from the Preschool grounds by a person authorised by me to do so, on a normal Nursery day.
2. Whilst on Preschools grounds outside the official opening times.
3. At any other time, unless the said child is in the direct custody or control of one of the said teachers whilst on a recognised outing or function arranged by the Preschool
4. Unless the injury is caused by or has resulted from a neglectful act or omission of any employee, Preschools Supervisor or Preschools Assistant or Helper authorized to act for or on behalf of the Preschools.

I hereby agree:

- a. To keep the Preschools, or any of its supervisors, teachers or officials or voluntary helpers, or owners, absolutely harmless, fully and effectively indemnified against all actions, claims, liabilities, damages, expenses, costs, charges Fees (including medical, judicial and attorneys' fees) whatsoever, which are suffered by the Preschool as a consequence of any accidental injury or contraction of any virus / disease by the child.
- b. To identify and keep indemnified the Preschool in respect of any loss or damage to the property belonging to or in the custody of the Preschools caused by my child.

I, the undersigned, lawful parent or guardian of the child hereby accept and agree that in case of an accident or injury occurring to or virus / disease being contracted by the child, the Director, the Preschools Manager, Assistant Managers, Nurse or any person in charge of the Preschools, shall have full authority to take the necessary decision to ensure appropriate emergency medical treatment of my child by the Preschools Nurse or if necessary at a government hospital / clinic, if I cannot be reached at the emergency numbers.

This form is deemed valid for the entire duration of your child's stay at Kakkanad.

Father's Name / Guardian

Mother's Name / Guardian

Signature

Signature

Date

Date

# MEDICAL INFORMATION FORM

## CHILD'S DETAILS

Child's Name

Date of Birth

     

## MEDICAL HISTORY

Does your child suffer from any of the following:

**Allergies:** e.g.: Dust, food, insect bites, etc.

Yes  No

Remarks:

**Special Disabilities:** e.g.: physical or learning, etc.

Yes  No

Remarks:

## OTHER MEDICAL INFORMATION

Has your child hospitalized or had any treatment for an illness or accident?  Yes  No

Remarks:

Is there any other information that we should know about concerning the health of your child?

Yes  No

Remarks:

## EMERGENCY CONTACT

Father

Mother

Name

Home Telephone

Mobile

**PERSON TO CONTACT IN CASE OF EMERGENCY IF PARENTS ARE NOT AVAILABLE:**

Name

Relationship

Home Telephone

Mobile

**DOCTOR'S DETAILS**

Name

Contact Number

Address

In the event of an emergency or accident, I authorise Little Heart International Preschools to take my child to the nearest Hospital/Clinic for emergency medical treatment. The Preschool will make every attempt to contact me or my emergency contact person.

We shall also keep the Preschools updated of any changes in the above information relating to our child or to ourselves at all times.

We declare that we have provided the Preschools relevant health information/record about our child to the best of our knowledge. We understand that any incorrect or misleading statements, or omissions could affect our child's admission at Little Heart International Preschools even after our child commences Preschool.

We have no objection for the Preschool Nurse/Doctor to seek further information either directly from us or from our General Practitioner or other appropriate Doctor when necessary.

Father's Name / Guardian

Mother's Name / Guardian

Signature

Signature

Date

Date



## VACCINATION INFORMATION

### CHILD'S DETAILS

Child Name

Government Health Card/Private Insurance Number

### IMMUNISATION SCHEDULE

AGE OF THE CHILD	DATE	VACCINES FOR IMMUNIZATION
At Birth		BCG, Hepatitis B, Oral Polio
2 Months		Pentavent 1 : (Diphtheria, Pertussis, Tetanus, H. influenzae B, Hep B, Oral Polio)
4 Months		Pentavent 2 : (Diphtheria, Pertussis, Tetanus, H. influenzae B, Hep B, Oral Polio)
6 Months		Pentavent 3 : (Diphtheria, Pertussis, Tetanus, H. influenzae B, Hep B, Oral Polio)
12 Months		MMR (Measles, Mumps and Rubella)
18 Months		Tetravent : (Diphtheria, Pertussis, Tetanus, H. influenzae B, Hep B, Oral Polio)
4-5 Years		Oral Polio, Measles, Mumps and Rubella, Diphtheria, Tetanus

### OPTIONAL VACCINES

AGE OF THE CHILD	YES	NO	DATE	VACCINES FOR IMMUNIZATION
2 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevnar, Rotarix
4 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevnar, Rotarix
6 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prevnar
12-13 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varicella
24 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hep. A, Meningococcal, Typhoid fever
30 Months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hep. A
4-5 Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varicella booster
Annual Vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Influenza

## INFECTIOUS DISEASES: Has your child had any of the following illnesses? (If Yes, please indicate the date)

INFECTIOUS DISEASES	YES	NO	DATE	NON INFECTIOUS DISEASES	YES	NO	DATE
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Dysentery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Infective Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Bronchial Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Congenital Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Rubella/German Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	G6PD (Glucose6 Phosphate Dehydrogenase Deficiency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Surgical Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Thalasaemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

In case of an accident or injury to our child, we hereby allow the Nursery to take necessary action to ensure appropriate medical treatment to our child by the Nurse or at a government hospital or clinic, if we cannot be reached at the emergency number noted in this Application.

Father's Name / Guardian	Mother's Name / Guardian
Date and Signature	Date and Signature

## NON-PRESCRIPTION MEDICATION RECORD

### CHILD'S DETAILS

Child Name	<input style="width: 95%;" type="text"/>	Date	<input style="width: 95%;" type="text"/>
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I hereby authorise Little Heart International Pre schools, my child's Care Provider, to use the following medication/Products on my child according to manufacturer or physician's written instructions. I will not hold Little Heart International Pre schools liable for any allergic reactions or other symptoms when the medication/products are used in accordance with the below instructions.

Calpol	Yes	No
Instructions		

First Aid Ointment	Yes	No
Instructions		
Insect Repellent	Yes	No
Instructions		
Other	Yes	No
Instructions		
Father's Name / Guardian	Mother's Name / Guardian	
Date and Signature	Date and Signature	

## PHOTOGRAPHY / VIDEOGRAPHY / MEDIA CONSENT FORM

### CHILD'S DETAILS

Child Name

I understand that the Nursery may photograph and / or film my child in a positive light during his/her education at Little Heart International Pre schools. The Photographs taken of my child will be use for:

- |  |                                     |                         |
|--|-------------------------------------|-------------------------|
| <b>All the Displays of children's work</b> | <b>Examples of children's play</b>  | <b>Classroom areas</b>  |
| <b>Learning Journeys</b>                   | <b>Special events and festivals</b> | <b>Birthday display</b> |

Yes, I hereby give permission to take my child's photograph for the above mentioned categories.

No, I do not give permission to take my child's photograph for the above mentioned categories.

I also understand that these media files may be used for the online and printed publications/advertisements, Folders/Brochures and that these files would be the Pre schools Property.

Yes, I hereby give permission to use my child's photograph for advertising and media purpose

No, I hereby give permission to use my child's photograph for advertising and media purpose

I shal inform the Pre Schools in writing if I withdraw my consent otherwise this form is deemed valid for the entire duration of your child's stay at Kakkanad.

Father's Name / Guardian	Mother's Name / Guardian
Signature	Signature
Date	Date

## FOR OFFICE USE ONLY

Class		Advertising	Yes	No
		Photographs	Yes	No

## DOCUMENT CHECKLIST TO BE COMPLETED BY ADMISSION STAFF

Child Name

	INVOICE	RECEIPT	AMOUNT
Registration Fee			₹
Medical Fee			₹
Advance			₹
Tuition Fee			₹

DOCUMENTS	DATE OF RECEIVED	RECEIVED BY
1. Copy of Birth Certificate		
2. 4 colour Passport Size Photos (Pls write name at the back)		
3. Copy of Updated Immunisation / Vaccination Records		
4. Little Heart Fee Police		
5. Little Heart Indemnity Form		
6. Little Heart Child Medical Information		
7. Little Heart Vaccination Information		
8. Little Heart Non-prescription Medication Record		
9. Little Heart Photograph / Media Consent Form		