

ST. ANNE'S KINDERGARTEN
SECTOR 32 D, CHANDIGARH


ADMISSION OF THE SELECTED CANDIDATES TO NURSERY FOR THE
ACADEMIC YEAR 2025-2026

STRICTLY FOLLOW THE INSTRUCTIONS GIVEN:-

REQUIREMENTS:-

1. CERTIFICATE OF BIRTH IN ORIGINAL and an attested photo copy of it WITH THE NAME OF THE CHILD PRINTED ON IT.
2. COPY OF CURRENT RESIDENTIAL PROOF OF ONE OF THE PARENT
3. ONE RECENT PASSPORT SIZE PHOTOGRAPH OF THE CHILD WITH NAME AND DATE PRINTED ON IT
4. A DEMAND DRAFT /PAY ORDER FOR ₹ 36000/- (Thirty Six Thousand only) MADE IN FAVOUR OF ST. ANNE'S KINDERGARTEN AS ADMISSION FEE WHICH IS **NON REFUNDABLE**).
5. ₹. 50/- for I.D Card IN CASH
6. BOTH THE PARENTS AND CHILD MUST BE PRESENT
7. IF THE NAME OF THE CANDIDATE AND PARENTS NAME DO NOT MATCH WITH THE BIRTH CERTIFICATE, PARENTS ARE REQUESTED TO GET THE CORRECTION DONE ON THE DATE OF BIRTH CERTIFICATE ONLY BEFORE THE ADMISSION
8. COPY OF BLOOD GROUP REPORT OF THE CHILD.
9. COPY OF AADHAR CARD OF THE CHILD WITH THE NAME AS PER DATE BIRTH CERTIFICATE WRITTEN ON IT (AADHAR IS COMPULSORY)
10. DULY FILLED IN MEDICAL FORM AND DECLARATION FORM UPLOADED ON THE WEBSITE.
11. WAITING LIST CANDIDATES CAN CONTACT THE SCHOOL ON 14TH FEBRUARY 2025 AT 10.30A.M.

FAILURE TO TAKE ADMISSION ON THE DAY AND TIME INDICATED ABOVE WILL RENDER THE SELECTION OF THE CANDIDATE CANCELLED. NO SOLICITING PLEASE. ADMISSION FEE ONCE PAID IS NON-REFUNDABLE.


HEADMISTRESS
St. Anne's Kindergarten
Sector 32 D

Declaration

We/I, Parents/Guardian of _____ do hereby declare that the above information provided by us/me is correct and we/I understand that if the information is found to be incorrect or false, our/my child/ward shall be automatically debarred from the selection/admission process without any intimation in this regard. In case it also comes to the knowledge of the management, on detailed verification of the documents submitted, or at any point thereof, that the information furnished is incorrect or wrong, or the documents submitted have been forged/fabricated/tampered with, the admission will stand cancelled forthwith, without any notice and without having any right to claim a refund of the fee paid. The Management also reserves the right to initiate appropriate proceedings in case of any of the above contingencies. We/I also undertake to indemnify the school, its staff, its management and all people claiming under it from any action, issue or damage that may arise, irrespective of it being criminal or civil, due to the information having been provided by me/us being false.

We/I accept the process of admission undertaken by the school and acknowledge the school's right to deny admission to the children/wards of persons working against the interests of the school/management. We/I know that this school is a Private Unaided Christian Minority Institution. We/I also understand that the application/registration/short listing does not guarantee admission to our/my child/ward. We/I will abide by the decision taken by the school authorities. No claim in this regard will be entertained at a later stage for any mistake made by us/me.

That we/I are/am fully aware of the school's fee structure for the year 2024-25 and we/I understand that the fees may be increased by up to 8% for the year 2025-26 and likewise for the subsequent years the fees may increase vis-à-vis the fees prevalent in the immediately preceding year. We/I accept the same and further we/I also understand that there are ancillary expenditures which arise from time to time and we/I undertake to pay the same. We/I also accept that in the eventuality that we/I are/am unable to pay our/my daughter's/ward's fee, we/I will withdraw her from the school and will not seek a concession as we/I understand that the school already shoulders the expenses for the EDG children enrolled in the school. We/I further declare that we/I have not submitted any other form.

The Safety and security measures of the school have also been viewed by us/me and we/I are/am satisfied with the same.

We/I also undertake that the medical information provided by us/me regarding our/my child/ward is correct and nothing has been concealed there from and that incase any issue or action or damage arises due to our concealment of such medical facts, the school will not be held responsible and we/I undertake to indemnify the school, its staff and its management and all people claiming under it against any such actions, issues or damages.

Signature: _____ (Father) _____ (Mother) _____ (Legal Guardian, if any)

Date : _____

Parameters of Annual Medical Checkup

Date/Month/Year				
General Cleanliness				
Allergy (if any)				
Past/ Family history				
GENERAL EXAMINATION				
Height (in cm's)				
Weight (in kg)				
Nails				
Hair				
Skin				
Anemia				
(Mild/Moderate/Severe/Nil)				
E.N.T. EXAMINATION				
Ear (External/Internal)				
Rt. L.F.				
Nose				
Throat (tonsils)				
Neck (Lymph Nodes)				
DENTAL EXAMINATION				
Tooth Cavity				
Plaque				
Gum Inflammation				
Stains				
Tartar				
Bad Breath				
Gum Bleeding				
SYSTEMIC EXAMINATION				
Respiratory System				
Cardiovascular System				
Abdomen				
Nervous System				
EYE EXAMINATION				
Conjunctiva/Cornea:				
Vision				
Right Eye				
Left Eye				
Squint				

Preferred hospital where the child can be taken in case of emergency with the name and contact number of the Doctor:

.....

Undertaking: All information is correct and nothing has been concealed. I/We authorize the school to take my/our daughter for emergency treatment to the hospital.

Signature:
Father **Mother** **legal Guardian (If any)**


ST. ANNE’S KINDERGARTEN

SECTOR 32-C, CHANDIGARH

SCHOOL HEALTH RECORD

PLEASE NOTE: PARENTS ARE REQUESTED TO DISCLOSE ALL INFORMATION AS THIS MAY BE VITAL IN CASE OF AN EMERGENCY AND IN THE HANDLING OF YOUR CHILD.

General Information

Name :.....	Father’s/Guardian’s (if any) Name
Class :.....
Admission No.:	Mother’s Name
Date of Birth :.....	Address:
Recent Passport sized Photograph of the child (not more than one month old) 
	PHONE NOS
	Office:
	Residence:
	Mobile

EMERGENCY CONTACT NUMBER

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NAME AND CONTACT NUMBER OF DOCTOR IN CASE OF EMERGENCY

Note: The Schools before implementing the Health Cards may consult a local Registered practitioner.

Both sides of this form to be submitted at the time of Admission

Name of the student:Class.....
 Date of birth: Blood group:
 Father's name: Mother's name:
 Address:.....
 Admission no. :

VACCINATIONS

Immunization	Age Recommended	Due Date	Date
BCG	0-1 Month		
Hepatitis B	At Birth		
	1 Month		
	6 Months		
DPT	2 Months		
	3 Months		
	4 Months		
HB	2Months		
	3 Months		
	4Months		
Oral Poilo	At Birth		
	1 Month		
	2 Months		
	3 Months		
Measles	9 Months		
	16 Months		
MMR	16 Months		
DPT+OPV+HB	18 Months		
Typhoid	2 Years		
Hepatitis B (2 Doses)	2 Years		
Chicken Pox	After age 1 year		
DT-OPA	4 1/2 Year		

Booster Doses

Typhoid (Every3 Year)			
TT (Every 5 Year)			
Other Vaccines			

Doctor's Observation.....

.....

Signature:
 Father Mother Legal Guardian (if any)

HEALTH HISTORY

Allergies to	What Happened	How severe	Medication Taken at the Time of Allergies
Worm Infection	What Happened	Consulted with Doctor or Not	Medication Taken for W.I.
Any Other Medical Issue			

Has the child undergone any surgery? If yes, please mention the details below:

.....

Does the child have any problem during physical activity:

.....

Signature:
 Father Mother Legal Guardian (if any)

To be certified by a Registered Medical Practitioner

Date of physical examination Height..... Weight.....

B.P. : Pulse :

CLINICAL EXAMINATION	NORMAL	RECOMMENDATION	
Head/Neck			
Abdomen			
Surgery			
Serious Illness			

Summary of Current Health Condition, _____

Any previous medical history/ or any other information pertaining to the child's physical/ mental/ emotional wellbeing?

Does your daughter have any medical issue that the school needs to be aware of, to ensure the safety of yourdaughter?

e.g. seizures/fits, cardiac, diabetes, blood pressure etc. _____

Fits to participate in age specific physical/ other activity _____

Fit to participate in age specific physical/other activity with precaution _____

Should not participate in the following sport/ activity: _____

Name of Doctor..... Signature of Doctor