LITTLE VILLE PRESCHOOL



Address: LV- Hasthinapuram

Website: https://www.littleville.co.in/

ADMISSION FORM

			Photo
Sl.No.:			
A Premium Pres		Step in (Admission Form)	
Centre Location : (Franchise of EdFACT Learning Systems Pvt.Ltd)			Date : 18-Jun-2025
Name of the Child :			Gender :Male Female
Residential Address :			1
Tel.:			
Date of birth (in figure) :			Age :
	Father's/L	egal Guardian's Details*	Mother's Details*
Name :	:		:
Educational Qualification:	:		į
Professional Qualification:	:		:
Occupation:	:		:
Designation:	:		į
Organization:	:		:
Tel.(Resd.):	:		į
Mobile :	:		:
E-mail	:		i
Relationship with legal guardian (Pls applicable)	. specify if		
	25,000/- 25,00	0/-to 50,000/-	to 1,00,000/-
	WE WISH TO K	NOW YOU AND YOUR CHII	LD
A Premium Preschool.			
Child's other interests (Hobbies, Gar	nes, Dance or extra co-c	urricular activities) Please specify	
· ·			vaccination given :
Child Medical History :			
Medicine being used by the child:			

Child's allergic to :			
Does the children have any specific fear			
:	Does the children have any specific fear :		
Yes			
□ No			
Languages child understands			
List down the common words uttered by			
Any other information			
Would you like to be updated about the Yes No	events & innovative programmes from "Little Ville"? Yes No		
How did you learn about "Little Ville"?	?		

EMERGENCY CONTACT DETAILS



In case of emergency other than parents or guardian. A person who can take care of the child.

I CONTACT PERSON

Name:	Address:	
Mobile:	Tel No.:	
Relationship with the child:		
II CONTACT PERSON		

Name:	Address:
Mobile:	Tel No.:
Relationship with the child:	

I/We hereby authorize "Little Ville" to use photographs, videos and crafts created by our children in brochures, newspapers, websites and any other promotional meterial in perpetually.

I have read the school prospectus and agree to abide by the rules & regulations. I understand and agree that registration of my child/ward is no guarantee for admission to the formal school.

FOR OFFICE USE				
Fee Receipt No.:	Date:	Amount:		
Date of commencement of classes :				
Signature of Counsellor		Signature of Principal		
Remarks:				

Signature of legal Guardian

Signature of Mother

Signature of Father