



Bhargav Wonder Kids

PLAY SCHOOL & LEARNING CENTRE (CLASS : I-V)

REGISTRATION FORM

TO BE FILLED IN CAPITAL LETTERS ONLY

To,
The Director
BHARGAV WONDER KIDS
16 A/1, Ground Floor, Ward No.1, Mehrauli, New Delhi-110030

Photo

CHILD'S INFORMATION:

1. Name _____
2. Date of Birth _____
3. Gender: Male/Female _____

PARENT'S INFORMATION:

1. Father's Name _____
2. Mother's Name _____
3. Occupation _____
4. Res. Address _____
5. Contact Number _____ (Mother)
_____ (Father)
6. Email ID: _____

ACADEMIC INFORMATION:

1. Class Applied For

Play School

Class-I

Class-II

Class-III

Class-IV

Class-V

2. Previous School (if applicable): _____
3. Attach a copy of Report Card/TC.

ADDITIONAL INFORMATION:

1. Any medical condition/allergy: _____
2. Special needs (if any): _____



Contact Us
9971001595
9911001595



Visit Our Website
bhargavwonderkids.in



Our Location
16 A/1, Ward No.1, Adj. LIC
Office, New Delhi-110030

DECLARATION:

I hereby declare that the information provided is true and correct. I understand that the admission to Bhargav Wonder Kids is subject to the availability of seats and fulfillment of admission criteria.

Signature of Parent/Guardian_____

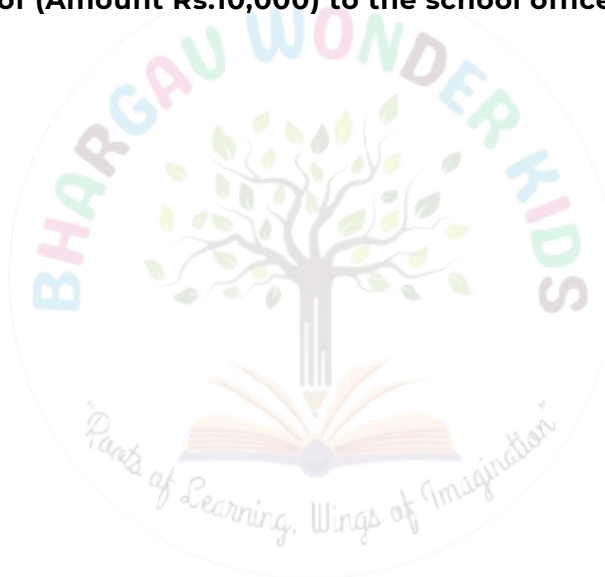
Date:_____

ENCLOSURE:

- Photocopy of child's birth certificate
- Photocopy of report card/TC from previous school (if applicable)
- medical certificate (if applicable)

SUBMISSION:

Please submit the completed admission form along with the required documents and a non-refundable registration fee of (Amount Rs.10,000) to the school office.



Authorized Signatory_____

for (Bhargav Wonder Kids)



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