

Enrollment Cum Application Form

0:3, C5/18, Sector 3, Belapur CBD, Navi Mumbai 400 614
Phone: +91 96197 77993 | <http://stories.fundoodle.com> | <facebook.com/funwithchildren>



Child's Name: _____ Age: _____ Date of Birth: DD / MM / YYYY

Residential Address: _____

School Attended: _____ Language spoken at home: _____

Child's Photo

Mother's Name: _____ Email ID: _____

Mother's Phone: H: _____ W: _____ C: _____

Mother's Photo

Father's Name: _____ Email ID: _____

Father's Phone:H: _____ W: _____ C: _____

Father's Photo

Persons designated by parent to whom child may be released

Name: _____ Phone: _____

Designated Person's Photo

List any allergies or special dietary needs:

All fees must be paid in full before your child is admitted to the program.

Date of Enrollment: DD / MM / YYYY

- I consent to the taking of photographs and videos of my child (taken during the story sessions) and the use of those images, without compensation, for educational, demonstration, publicity, social media and other non-commercial purposes.
- I grant permission for you to feed my child cakes, chocolates, wafers, chips and other snacks during special sessions, birthday celebrations, parties, etc. organized on special days during the story sessions.
- I grant permission for the administration of First Aid to my child in case of a medical emergency.
- I understand that no refund can be claimed in case of non-attendance.

Signature of Parent /Guardian

Administrator's Signature