

No. _____ Date _____

Due in _____

SAIFEE EIDE ZAHABI NURSERY AND K.G. SCHOOL

Project of

HASANATUL-UL-EIDE ZAHABI

(Established by H. H. Dr. Syedna Taher Saifuddin Saheb)

Al Azhar, A. G. Bell Marg, Mumbai - 400 006.

REGISTRATION FORM

Admission sought in year : _____ Month : _____

(Age of entrance is around 2 years & 6 months)

Name of child in full : _____

Date of birth : _____ Sex : _____ Birthplace : _____

Address : _____

_____ Telephone : _____

Mobile : Mother : _____ Father : _____

Email : Mother : _____ Father : _____

Father's / Guardian's Name : _____

Profession : _____ Telephone : _____

Religion : _____ Nationality : _____

Interests : _____

Mother's Name : _____

Profession : _____ Telephone : _____

Part time / Full time / Flexi time Religion : _____ Nationality : _____

Interests : _____

Names of brothers & sisters : 1) _____

2) _____

3) _____

4) _____

Name of person to call in emergency : _____

Address : _____

Telephone : _____ Mobile : _____