

# RAJKUMARI AMRIT KAUR CHILD STUDY CENTRE

Lady Irwin College

Sikandra Road, New Delhi-110001

Phone: 23719859, 23318850 Email: rakcsc\_lic@yahoo.com

## INFORMATION

Name of the child \_\_\_\_\_ Male/Female \_\_\_\_\_  
Age as on 31<sup>st</sup> March 20\_\_ Year\_\_ Months\_\_ Date of Birth \_\_\_\_\_  
Residential Address \_\_\_\_\_  
Father's Name \_\_\_\_\_ Office Address \_\_\_\_\_  
Tel. No. \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Office Address \_\_\_\_\_  
Tel. No. \_\_\_\_\_

**Please tick the appropriate programme**

**Admission required in**

SETU, the Early Intervention Centre (Birth – 3 years)

Infant Care Centre (Age 6 months – 3 years)

Play Centre (Age 2 + years by 31<sup>st</sup> March)

Nursery School (Age 4 + years by 31<sup>st</sup> March)

Sangam (Children with Special needs: age 3-8 yrs.)\*

After School Care (Age 6 – 12 years)

\* (In case of children seeking admission in the Sangam, the Inclusive Preschool, a statement regarding the nature of disability should be submitted along with the form)

If no telephone numbers is available, name and telephone number of the person to be contacted in emergency \_\_\_\_\_

**(FOR OFFICE USE ONLY)**

Registration No. \_\_\_\_\_ Account No. \_\_\_\_\_

Date of admission \_\_\_\_\_ Admission No. \_\_\_\_\_

Dated \_\_\_\_\_

Signature

**Kindly fill in the following columns appropriately:**

**Relationship to child Age Education Occupation**

Father

Mother

Brother/s

Sister/s

Grand-parent/s

(if residing  
with the child)

Any other

(Specify)

**Please tick the appropriate box:**

\*1. If no private taxi is available to your area of residence,

can you make alternative arrangement?      Yes No

\*2. Do you require Day Care Facility?      Yes No

3. Has the child's parent/brother/  
Sister studied in this school?      Yes No

If yes, specify name and year of admission \_\_\_\_\_

4. Has the family had any contact with R.A.K?  
Child Study Centre/Lady Irwin College in the past?      Yes No

If yes, give details \_\_\_\_\_

5. Is there any way in which you can help the school? (e.g. sponsorship for a needy  
child/children, voluntary work, play/educational, used computer sheets, materials, funds)  
If yes, give details

\_\_\_\_\_

6. If you have any skill/talent that you think might be of interest of children, please  
mention \_\_\_\_\_

\_\_\_\_\_

Dated \_\_\_\_\_

Signature

**Parent/Guardian**

Note: -

- \* Information about private taxies can be procured from the office.
- \*\* Day care, if opted for, is binding for the entire academic year.

- **A self-addressed envelope, duly stamped**, must be submitted along with the form by 31<sup>st</sup> January.