



# Gurukul Vatika

## Colours of life

S.C.F - 23, Top Floor,  
Phase XI (Sector 65), SAS Nagar,  
Mohali - 160062, Punjab, INDIA

Tel.: 0172 - 5096370,74 Telefax : 0172 - 5096373  
E-mail : info@gurukulvatika.com  
Website : www.gurukulvatika.com

### ADMISSION FORM

Admission No. \_\_\_\_\_

Form No. \_\_\_\_\_

Affix Photo  
of  
Father

Affix Photo  
of  
Mother

Affix Photo  
of  
Child

Child's Name

To be called

Residing with

Birthdate

Age

Primary Address

City

State

Zip

Home phone

Secondary Address

City

State

Zip

Phone

### List Siblings

Name	Age	Family Religion	Previous School(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Plan

Preschool	<input type="text"/>	a.m.	<input type="text"/>	p.m.
(X) Kindergarten	<input type="text"/>	a.m.	<input type="text"/>	p.m.
All Day	<input type="text"/>	a.m.	<input type="text"/>	p.m.
Extended Hours	from <input type="text"/>	to	<input type="text"/>	

### List children's special needs

Allergies	<input type="text"/>	Medications	<input type="text"/>
Physical	<input type="text"/>	Emotional	<input type="text"/>
Other	<input type="text"/>	Child's physician	<input type="text"/>
Phone	<input type="text"/>	My child's last physical was given on	<input type="text"/>
By physician (Name)	<input type="text"/>	Physician's phone	<input type="text"/>

I give authorization for emergency medical treatment and CPR to be given to my child by a first-aid certified staff person of Gurukul Vatika Kindergarden School.

☐ Yes ☐ No

Where did you learn of Gurukul Vatika School?

- |                                 |                                    |                                  |                                |
|---------------------------------|------------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Magazine  | <input type="checkbox"/> School  | <input type="checkbox"/> Signs |
| <input type="checkbox"/> Book   | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Website | <input type="checkbox"/> Other |

Would you like to participate in a Gurukul Vatika School?

☐ Yes ☐ No

The following people are authorized to pick my child: (please include parents)

Name	Relationship	Address	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gurukul Vatika School

- I authorize my address and my phone number to be published in the school directory.

☐ Yes☐ No
- I allow school pictures of my child to be included in Gurukul Vatika publications.

☐ Yes☐ No
- I allow my child's actions to be recorded and studied by Gurukul Vatika teachers-in-training.

☐ Yes☐ No
- I authorize my child to participate in Gurukul Vatika field trips.

☐ Yes☐ No

I will drive and have seat belts to take  Children.

Name per driver's license

Car Make

Auto Lic

I cannot drive

Model

Ins. Co.

## Tuition Agreement

I enroll my child, in Gurukul Vatika School's full 9½ month school program and intend to complete the entire school year unless unforeseen circumstances arise.

I understand that Gurukul Vatika is a 3-year program and that registration of my child in the Gurukul Vatika Kindergarten is expected, but not required.

I understand and agree that the registration fee is due upon registration and is non-refundable.

I agree to pay monthly tuition payments by the 10th of each month, at the time of registration through April, 20\_\_\_. I will pay a Rs. 100/- late fee after the 11th of any month.

I understand and agree that ½ of the tenth payment is due May 1, 20\_\_\_, or upon registration, and is non-refundable. The second ½ of the tenth payment is due on May 25, 20\_\_\_.

I agree to give a 30-day notice of withdrawal of my child prior to withdrawal, and to pay in full for that month. (Both parents must sign the school withdrawal form, found on page 29 of the parent handbook.)

I understand that the Annual Family Facility Fee is non-refundable.

If I withdraw my child before June 15, 20\_\_\_, I forfeit my prepaid ½ of the tenth payment.

I understand that Gurukul Vatika School follows the Kent School District schedule and is closed for Diwali, Christmas, winter and spring breaks & Others Holidays. Full tuition is due for these months.

I have read and agree to the school's policies and fees.

I have read Gurukul Vatika School's Health, Medical, Disaster and Pesticide Policies.

I have read Gurukul Vatika School's Parent Handbook.

☐ Yes ☐ No

Parents / Guardian Sign

Date : .....

Career Counselor Sign

Date : .....

Seal and Stamp

Date : .....