

# Enrollment Cum Application Form

14/15, Mermaid Seaview, Sector 11, Belapur CBD, Navi Mumbai 400 614  
Phone: +91 96197 77993 | <http://stories.fundoodle.com> | [facebook.com/funwithchildren](https://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