



Tiny Tots Play School



www.tinytotspune.com

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Contact : 775599 0515

Admission Form

Session 2020-21

Name of the Child _____

Date of Birth ____/____/____ Class _____ Male / Female

Residential Address _____

Blood Group _____ Emergency Contact No. _____

Please affix a recent
Passport-size
Photograph of the
Child

Parents' Details

Mother

Name Ms. _____

Qualification _____

Occupation _____

Contact No. _____

Email _____

Father

Name Mr. _____

Qualification _____

Occupation _____

Contact No. _____

Email _____

Any specific allergy or illness that the child has: _____

Mother's Signature

Date :

Father's Signature

Date :