

AANCHAL
CRECHE AND DAY CARE CENTRE
CSIR-CRRI CENTRAL ROAD RESEARCH INSTITUTE

REGISTRATION FORM

Registration Date: _____

Monthly fees: Rs. 1000/-

PHOTOGRAPH OF
PARENTS

PHOTOGRAPH OF
CHILD

Child's Name _____ Date of Birth _____ Gender _____

Name of Parents _____

Home Address _____

Telephone _____

Contacts in Emergency

Name _____ Relationship to Child _____

Telephone: Home _____ Work _____ Mobile _____

Any other information _____

Signature

Date

