**LABORATORY NURSERY**

 **Affix recent**

 **Passport size**

 **Photograph**

 **of your child**

 **(A PROJECT OF THE DEPARTMENT OF HOME SCIENCE)**

**WOMEN ’S CHRISTIAN COLLEGE, CHENNAI 600 006 APPLICATION FOR ADMISSION**

SERIAL NO: ………

FOR OFFICE USE ONLY:

Date of Receipt: ……………….. Register No: ……………………...

Admission granted: YES / NO Date of Admission: ………………

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Child : Sex:

Age: Date of Birth: (Enclose a Xerox copy of the Birth Certificate)

Religion : Mother Tongue :

Home Address :

Telephone Number :

Valid E-mail ID :

Date of last Triple-Antigen inoculation :

Date of last Polio Vaccine given :

School last attended, if any :

Does your child consume egg :

Specific food allergies if any :

Is the child toilet-trained -

Problems if any :

Family Data :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Occupation (Designation Annual

Name of family Age Status & Office Address) Income

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father:

Mother:

Brother: 1.

 2.

Sister: 1.

 2.

Other members, if any:

Address to which

Communication should be sent :

Indicate whether the mother is NAME YEARS OF STUDY DEPARTMENT

An Alumnae of the college :

Siblings who have attended the NAME YEAR

WCC Home Science Laboratory

Nursery :

Signature of Father : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Mother : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of submission :

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