

ADMISSION FORM

A DIVISION OF BUSY ANTS



PERSONAL INFORMATION

Name of Father/Mother/Caregiver	<input type="text"/>		
Name of the Child	<input type="text"/>		
Date of Birth	<input type="text"/>	Current Age in Months	<input type="text"/>
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Others <input type="checkbox"/>
Address	<input type="text"/>		
	<input type="text"/>		
Mobile Number (Mother)	<input type="text"/>	Mobile Number (Father)	<input type="text"/>
Email (Mother)	<input type="text"/>	Email (Father)	<input type="text"/>
Emergency Contact Number	<input type="text"/>		

COURSE SCHEDULE OPTED FOR

Module One: 9 Months - 12 Months

Days Opted for: Monday & Wednesday OR Tuesday & Thursday **Timing Opted for:** 10am – 11.30am

Module Two: 12 Months - 15 Months

Days Opted for: Monday & Wednesday OR Tuesday & Thursday **Timing Opted for:** 12noon – 1.30pm

Date of Commencement Date of Completion

HEALTH INFORMATION

1. Have you and your baby had your 6 Week Post-Natal checkup? Yes No

2. Did your medical professional have any concerns? If so what were they? Yes No

3. Will baby have immunisations within 24 hours of a Baby Ants session? Yes No

4. Do you or baby have any allergies? If so what are they? Yes No

5. Does your baby have any health conditions like colic, clicky hips, reflux etc. Yes No
If Yes, Please give full details

6. Is there anything about the birth, and your own birth experience that might be useful to know?



SAFETY GUIDELINES

Please read these guidelines carefully before you attend your first class

1. Parents work with their own babies.
2. When practicing with your baby, never rush or force anything.
3. If you feel stressed or tense, just take a break and come back to the practice later.
4. Always ensure that you feel safe, secure and confident with the way you are holding or working with your baby.
5. Never do anything that you do not feel comfortable with.
6. If your baby is unwell, it is best not to attend the class.
7. If your baby is crying excessively and cannot be comforted, he/she maybe ill. Never practice on a distressed baby.
8. If your baby is limp, pale, has a temperature or has any difficulties in breathing. Please seek appropriate medical help
9. It is not recommended to practice within 24 hours of your baby's immunisations.

DISCLAIMER

Please sign the following disclaimer

1. I take full responsibility for myself and my baby and for everything that happens to me and my baby in relation to the Baby Ants class.
2. If I have a doubt, I will seek the advice of my medical professional before proceeding with the Baby Ants classes
3. I will keep the baby Ants Instructor informed of any health issues that arise over the course of the classes, both for me and my baby.
4. I have read the above safety guidelines and will ensure that I adhere to them.

Signed

Date

PAYMENT DETAILS

1. Can pay in cash or cheque
2. Cheque in favour of: **GIGABYTE EDUCATORS PVT. LTD.**

Paid By

Cash Cheque

Bank Details

Cheque Number

Dated

Amount

Rs.

Amount in Words