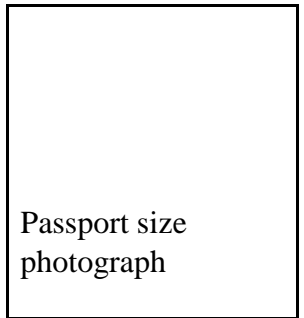




**PROGRAMME ADMISSION FORM**

Name of the programme: \_\_\_\_\_

Academic Year- 20\_\_ - 20\_\_



**Personal Information:**

<b>NAME</b>		
<b>DATE OF BIRTH</b>		
<b>ADDRESS</b> (with pincode)		
<b>TELEPHONE NUMBER</b>	Residential:	Mobile:
<b>EMAIL ID</b>		

**DETAILS OF THE PARENTS:**

	<b>Mother</b>	<b>Father</b>
<b>Name</b>		
<b>Contact Number (Res)</b>		
<b>Contact Number (Mob)</b>		
<b>Office Numbers</b> (or attach visiting cards)		
<b>Other Emergency contact Numbers</b>		
<b>E-Mail ID 1</b>		
<b>E-Mail ID 2</b>		

**DETAILS OF THE SIBLINGS (if any):**

S.No.	Name	Date of birth	Relationship

**Details about the Child:**

**Family Background:**

**Academic & Rehabilitation Background:**

**Medical Background (Also, please provide the list of prescribed medicines):**

**Special Care Instructions (if any): Specify relevant stressors, any other precautions whilst playing?**

**The child's strengths and weakness:**

**Information to Note:**

- ABT (Arts Based Therapy) acts as a complimentary health practice, adjunct to other therapeutic (medical and non medical) modes of treatment. ABT cannot be used as an exclusive 'curing' program.
- ABT is not the "primary" mode of diagnosis. Medical diagnosis precedes diagnosis by ABT practitioner.
- During the ABT sessions, prescription or stoppage of any medicines will not be prescribed by the ABT Practitioner.
- Without the consent of the parent no child will be given any medication.
- Any medication request for the child has to be sent to us through written communication by email.
- If the child needs it, Snehadhara Foundation will seek appropriate medical attention as may be required by the circumstances or in emergencies, after duly informing the parents.
- Unless the child is using their own transport, Snehadhara Foundation will be using its vehicle for pick up and drop off of the child for which separate fees are payable.

- Snehadhara Foundation has ensured a safe and conducive environment, and emphasized values and codes of practice for its ABT practitioners and the team. It shall be the responsibility of the group working with the child to carry out the sessions with due care and caution. However, the foundation is not liable for any mishaps, eventualities and medical emergencies either in the centre or in the vehicle.

We have read the information provided and agree with all of the above.

Mother's Signature: _____	Father's Signature: _____
Mother's Name:	Father's Name:
Date:	Date:
Place:	Place:

**Other Details:**

<b>Date of Enrollment</b>	
<b>Amount Paid:</b>	Rs.  (In words) Rupees
<b>Cheque Details:</b>	(Cheque in favour of <b><u>Snehadhara Foundation</u></b> )
	Cheque #:
	Bank:
	Dated:

Signature of the Parent/Guardian

Date:

Place: