TALKING TOTS PRESCHOOL KARACHI

Registration Form

Child's Information:

- Full Name: _____
- Date of Birth _____
- Gender: ☐ Male ☐ Female

Parent/Guardian Information:

Parent/Guardian 1:

- Full Name: _____
- Relationship to Child: _____
- Phone Number: _____
- Email Address: _____
- Home Address: _____
- Occupation: _____

Parent/Guardian 2:

- Full Name: _____
- Relationship to Child: _____
- Phone Number: _____
- Email Address: _____
- Occupation: _____

Signature of Parent/Guardian: _____
Date: _____