



Guru Gobind Singh Indraprastha University

Sector 16C, Dwarka, Delhi-110075

Day Care Registration Form

Please paste
latest
passport size
photograph
of the child
here

Blood Group:

Details of Child

Last Name:.....

First name:.....Middle name:.....

Nickname:.....

Date of Birth:.....

Names of siblings and Birth dates:.....

.....

Child's doctor details

Name:..... Phone number:.....

Details of Parents/Guardians

(1) Last Name:.....First name:.....

Relationship with the child:.....

Employee code:Branch/School:.....

Designation:.....Pay scale:.....

Residential address:.....

.....

Phone numbers: Mobile.....Residential.....

Office Number:.....

Email I.D:.....

(2) Last Name:.....First name:.....

Relationship with the child:.....

Employee code:Deptt./Branch/School:.....

Designation:.....Pay scale:.....

Residential address:.....

.....

Phone numbers: Mobile.....Residential.....

Office Number:.....

Email I.D:.....

Other Emergency Contact

Name:.....Relationship to Child:.....

Phone numbers: Mobile.....Residential.....

Authorization for Pickup

Your child will only be given to an authorized person listed by you in this form (parent/guardian and /or Emergency contact). Kindly attach a photo ID of the authorized person with this form. In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pickup your child on your behalf.

Name	Address	Phone

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Medical Information:

Medical Problems (past and present,if any):.....

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On Medication:..... Yes..... No.....

Additional Information: Please indicate eating habits, likes/dislikes, potty training
(trained/untrained), Special Interests etc.....

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*Immunization:

*Kindly provide a photocopy of your child's recent immunization record.

Consent in Case of Emergency

It is our policy to notify a parent when a child is ill or needs medical attention. In case the parent/Guardian cannot be contacted and the child needs immediate medical help, he/she will be taken to the university health center/nearby hospital as required. Please sign below so that we can take appropriate action on the child on your behalf.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD....., WHEN ILL/INJURED/IN CASE OF ANY OTHER UNFORSEEN MEDICAL EMERGENCY, TO BE TAKEN TO THE UNIVERSITY HEALTH CENTER/NEAR BY HOSPITAL, IF REQUIRED, BY THE STAFF OF MY CHILD'S DAY CARE CENTER WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO THE UNIVERSITY AMBULANCE BEING USED TO TRANSPORT THE CHILD, IF NECESSARY.

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Parent/Guardian Signature

Parent/Guardian Signature

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Date

Date