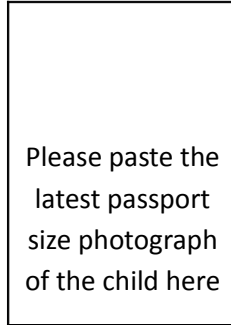


Presidency University
86/1, College Street. Kolkata-700073

Day Care Registration Form



Details of Child

Last Name:.....

First Name:.....Middle Name:.....

Nickname:.....

Date of Birth:.....

Blood Group :-----

Identification mark on the body:-----

Child's Doctor Details

Name:Phone number.....

Details of Parents/Guardians

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

Relationship with the child:.....

Employee code:.....Department:.....

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

Residential address:.....

.....

Phone numbers: Mobile:.....Residential:.....
 Office Number:.....
 Email ID:.....

(2)Last Name:.....First Name:.....
 Relationship with the child:.....
 Employee code:.....Department:.....
 Designation:.....Pay scale:.....
 Residential address:.....

Phone numbers: Mobile:.....Residential:.....
 Office Number:.....
 Email ID:.....

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 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

Medical Information:

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

.....

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

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

.....

*Immunization:.....

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

Parent/Guardian Signature

Parent/Guardian Signature

Consent in case of Emergency

It is our policy to notify a parent when a child is sick 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 Medical Centre/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 SICK/INJURED/IN CASE OF ANY OTHER UNFORESEEN EMERGENCY,
TO BE TAKEN TO THE UNIVERSITY MEDICAL CENTRE/NEARBY HOSPITAL, IF
REQUIRED, BY THE STAFF OF THE UNIVERSITY'S DAY CARE CENTRE WHEN
I/WE CANNOT BE CONTACTED.**

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Parent/Guardian Signature

Parent/Guardian Signature

--	--

Date

Date