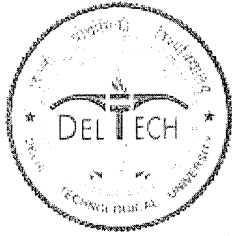


Delhi Technological University-Day Care Centre (DTU-DCC)



Delhi Technological University
(Formerly Delhi College of Engineering),
Bawana Road, Delhi-110042

Day Care Registration Form

Please paste
latest
passport size
photograph
of the Child
here

Please paste
latest
passport size
photograph
of the
Mother here

Please paste
latest
passport size
photograph
of the Father
here

I. Particulars of The Child

Name:.....

Blood Group:.....

Date of Birth:.....

Age as on 31st July of the current year.....

Residence Address:.....

Residence Tel No.:

Contact Details:.....E-Mail:.....

Delhi Technological University-Day Care Centre (DTU-DCC)

Child's Doctor Details

Name:.....

Phone number:.....

II. Particulars of The Parents'/Guardian

	Father	Mother
Name		
Occupation		
Employee Code		
Designation		
Department		
Res. Address		
Mobile No.		
E-Mail		
Specimen Signature		

OR

	Guardian
Name	
Occupation	
Employee Code	
Designation	
Department	
Res. Address	
Mobile No.	
E-Mail	
Specimen Signature	

Delhi Technological University-Day Care Centre (DTU-DCC)

III. Particulars of The Siblings

	Sibling 1	Sibling 2
Name		
Date of Birth		
Blood Group		
Class		
School		

IV. Other Emergency Contact

Name:.....

Relationship to Child:.....

Mobile.....

Residential Address.....

V. 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

Delhi Technological University-Day Care Centre (DTU-DCC)

VI. 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 Interests etc.....

.....

*Immunization:

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

VII. 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 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 ill/injured/in case of any other unforeseen medical emergency, to be taken to the University Health Centre/Nearby Hospital, if required, by the staff of my child's Day Care Centre when I/We cannot be contacted. I give my consent to the University Ambulance being used as a transport facility for the child, if necessary.

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Mother's/Guardian Signature with date

Father's/Guardian Signature with date