

ADMISSION FORM FOR IUCAA CRECHE

IUCAA CAMPUS, PUNE – 411 007.

FOR OFFICE USE ONLY

Application No. _____
Admission : Admitted / Not admitted
Date of Admission _____
Admission valid till _____
Monthly charges _____
Remarks _____

Application for admission

(Age Group: 8 months to 12 years)

A. GENERAL INFORMATION

PHOTOGRAPH
of the child

1. Name of the Child: _____
2. Name at home : _____
3. Date of birth : _____
4. Age : _____ 5. Sex : Male/Female (*tick whichever applicable*)
6. Mother's full name: _____
7. Father's full name: _____
8. Residential address and Phone no.:

9. Mother's Office Address, Phone no. and e-mail address :

10. Father's Office Address, Phone no. and e-mail address :

11. Mobile phone nos. (if any): _____

12. **For emergency contact :**

(a) Person(s) to be contacted in an emergency :

(i) _____ Phone No. : _____

(ii) _____ Phone No. : _____

13. Do you agree for the Centre to call a doctor if any of the above persons cannot be contacted?
(Doctor's fees will be borne by you)

14. **Parents' timings :**

(i) Mother's timings at work: _____

(ii) Father's timings at work: _____

15. **Creche Requirement :**

(i) What will be the timings of your child at the crèche ?

(ii) Who will drop him/her and pick him/her up from the crèche? (Person's name)

16. Will the child be dropped/picked up at the Creche by a School bus/autorickshaw, etc.?

If so, give details :

(i) Drop off/pick-up time : _____

(ii) Vehicle number : _____

(iii) Name of the person : _____

B. ADDITIONAL INFORMATION ABOUT THE CHILD :

1. Is the child Vegetarian () OR Non-vegetarian () Tick whichever is applicable.

2. Mention the food restrictions for your child and the reasons (medical, personal, religious, dislikes, etc.)

3. Is the child known to have any allergies? Give details.

4. Food allergies (e.g. Milk, eggs, etc.):

5. Does your child suffer frequently from any illnesses (e.g. vomiting, diarrhea, flu, etc.) If yes, give details.

6. Does your child suffer from any chronic/ special illnesses? (such as convulsions etc.) If yes, give details.

7. Is there any special disability detected in your child so far? If yes, give details.

8. Mention the name, address and phone number of the doctors you generally consult for your child.

9. Any other information that you would like to give about the child/ family.

UNDERTAKING

I _____ Father / Mother of Master/Kumari _____ who is admitted to the IUCAA Creche agree that IUCAA / IUCAA Crèche staff / Crèche committee do not take any responsibility towards the loss of any item(s) belonging to my ward, or injuries or mishap to him/her in any form whatsoever and I shall not make any claim for the same.

Signature of the Guardian : _____

Signature of the Applicant : _____

Name : _____

Date : _____