

ADMISSION FORM

IUCAA CRECHE

Photograph
of the child

Aditi block, adjacent to the Chandrasekhar Auditorium of IUCAA – 411007

Application for admission:
(Age Group: 8 months to 12 years)

FOR OFFICE USE ONLY

Application Number _____
Admission: Admitted/Not admitted
Date of Admission _____
Admission valid till _____
Monthly charges _____
Remarks _____

A. GENERAL INFORMATION

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 number:

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 numbers: _____

12. For or emergency contact:
(a) Person(s) to be contacted in an emergency:

(i) _____ Phone number: _____

(ii) _____ Phone number: _____

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/auto rickshaw, 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 for IUCAA Members and Official visitor's of IUCAA

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: _____

UNDERTAKING for Pune University/NCRA/C-DAC Members

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.

I also assure that I will withdraw my child from the creche:

- If my appointment at Pune University/NCRA/C-DAC ends for any reason, I will inform the Creche immediately of the same.
- If there is an increase in request for admission to the creche from IUCAA staff, the Creche will give me fifteen days notice for the withdrawal of my child.

Signature of the Guardian : _____

Signature of the Applicant : _____

Name: _____ Date: _____
