



**UTKALITAA
DAY CARE CENTRE**

**UTKAL UNIVERSITY,VANI VIHAR,BHUBANESWAR-751004
DAYCARE@UTKALUNIVERSITY.AC.IN , +9190900636333**

DAY CARE REGISTRATION FORM

Please paste the latest passport-size photograph of the Child here

Please paste the latest passport-size photograph of the Mother here

Please paste the latest passport-size photograph of the Father

1 PARTICULARS OF THE CHILD

Name: _____

Blood Group: _____

Date of Birth: _____

Age as of 31 July of the current year: _____

Residence Address: _____

Residence Tel. No: _____

Contact Details: E-Mail: _____

Child's Doctor Details

Name: _____

Phone number: _____

II. Particulars of The Parents'/Guardian

	Father	Mother
Name		
Occupation		
Employee Code		
Designation		
Type:Regular/Contractual		
Department		
Residence Address		
Mobile No.		
E-Mail		
Specimen Signature		

OR

	Guardian
Name	
Occupation	
Employee Code	
Designation	
Type:Regular/Contractual	
Department	
Residence Address	
Mobile No.	
E-Mail	
Specimen Signature	

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 whom you authorize to pickup your child on your behalf.

Name	Address	Phone

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