



# Government College University Lahore

## Daycare Centre

### Registration/Admission Form

Instructions: Fill the form in capital letters.

#### Particulars of the Child

Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Gender (Male/ Female) \_\_\_\_\_ Any Peculiar Habit of the child \_\_\_\_\_

Has the Child been Vaccinated No \_\_\_ Yes \_\_\_ (please attach vaccination card)

Is your child suffering from any disease: No \_\_\_ Yes \_\_\_ please specify \_\_\_\_\_

Is he/ she on medication (if so then specify) \_\_\_\_\_

Which medicine is being administered to the child at home in case of fever:  
\_\_\_\_\_

#### Family Particulars

Father's Name \_\_\_\_\_ Mobile No. \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mobile No. \_\_\_\_\_

Father's Designation, scale & office address  
\_\_\_\_\_

Mother's Designation, scale & office address  
\_\_\_\_\_

Home Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Emergency Contact No. \_\_\_\_\_ Working Hours \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Mobile \_\_\_\_\_

Guardian's Relation with the Child \_\_\_\_\_

#### Undertaking

- i. I \_\_\_\_\_ Mother / Father of \_\_\_\_\_, will follow the rules and SOPs meant for availing this facility. Accordingly, I will drop my child at \_\_\_ a.m. and pick up at \_\_\_\_\_ p.m. In case of late pick up, the administration of Day care Centre GCU Lahore will not be responsible for any situation occurred due to this reason.
- ii. If somebody other than parents or guardian picks and drops the child, I, being parent(s) authorise the following to pick and drop the child from Daycare Centre. His/her particulars are:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

CNIC \_\_\_\_\_ Cell No \_\_\_\_\_

(He/ She will also keep the ID card issued by Day care Centre, Government College University Lahore at the

*Handwritten signature*

*Handwritten mark*

time of pick and drop) (please provide authority letter duly signed by the HOD of the respective department for the person to pick and drop the child)

\_\_\_\_\_  
Name/Signature of the Parent/ Guardian

\_\_\_\_\_  
Recommended by HOD

Dated \_\_\_\_\_

**For Office Use**

Remarks of the In charge \_\_\_\_\_

Admission recommended \_\_\_\_\_ / not recommended \_\_\_\_\_ Approved \_\_\_\_\_

*Handwritten initials and number:*  
26  
100