



DAY CARE CENTRE

Institute of Home Science, University of Kashmir, Srinagar

Sr. No.

Photograph
of Child

**PARTICULARS
OF CHILD**

Name of the Child _____

D.O.B

DAY

MONTH

YEAR

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In Yrs/Mts _____ Sex _____ Religion _____

Place of Birth _____

**PARTICULARS
OF PARENTS**

Father's Name: _____ Profession: _____

Monthly Salary _____

Mother's Name _____ Profession: _____

Guardian's Name _____ Profession: _____

Permanent Address: _____

Phone Residence: _____ Ph.Emergency: _____

Father's Offi Add: _____ Ph.Emergency _____

Email Id: _____

Mother's Offi Add. _____ Ph. Offi _____

Type of employee

1. **Casual/Temporary/Permanent**

2. **Monthly Income**_____

Registration Fee_____
Receipt No._____ Date of Admission_____ RollNo. Allocated_____

Signature of Director

TERMS AND CONDITIONS

- 1. Only children in the age group of six months to 2 years are eligible for admission.
- 2. The enrolled child can stay in the Day Care Centre at the maximum of attaining 02 1/2 years of him/her age.
- 3. Fee paid is not refundable or transferable
- 4. All monthly dues must be paid before 5th of every month failing which a late fee shall be charged.
- 5. The institute reserves the right to make appropriate changes in its staff and schedule if it seems necessary without prior intimation to parents/guardians.
- 6. Centre is not responsible for any natural untoward incidents within its premises
- 7. No food / mid meal will be provided.
- 8. In case the child is suffering from any health problem the parents should restrain from sending him to centre

DECLARATION OF PAYMENT/GUARDIAN

I hereby declare that the information provided by me is true and subject to verification by Day Care Centre. I also agree to the terms & conditions printed above.

Date_____ Place_____

**Signature
Parent/Guardian**