



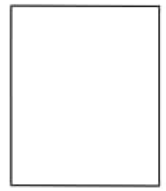
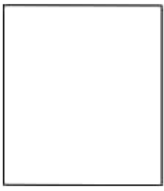
APPLICATION FORM AVAILING CRÈCHE FACILITY



- 1. Name of the child : _____ Age /Gender:- _____
- 2. Residential Address:- _____
- 3. Name of employee :- _____
- 4. Department & Designation:- _____
- 5. Contact Number: a. Internal Telephone No.
- b. Mobile No.

- 6. Mother's Name :
- 7. Father's Name :
- 8. Child's Date of birth :- _____
- 9. Relationship to the Employee :
- 10. Reason for using crèche :

- 11. Emergency contact : a. Name : _____ b. Name: _____
- Contact No. : _____ Contact No. _____



- 12. Person Authorized to Drop / Pick-up :-
- a. NameRelationship :
- b. NameRelationship :

- 13. List any existing Medical conditions, Medication and/or special attention your child may require-
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I hereby declare that the statements made above are true to the best of my knowledge and our kid doesn't have any congenital disease and also doesn't require any special attention beyond the one required for normal healthy kids.

I/We the parents of _____ , agree to adhere to all rules and regulations of the facility.

Note: In case of guardian, they need to submit the consent form from biological parents or legal papers (In case of adoption if any).

Father's/ Guardian Signature

Mother's / Guardian Signature

Date :
Place :