



AHLCARE

MAYUR VIHAR PH.1, DELHI – 110091

DAYCARE REGISTRATION FORM

CHILD'S INFORMATION

- Full Name of the Child: _____
- Date of Birth (DD/MM/YYYY): _____
- Age (in Years & Months): _____
- Gender: Male Female Other
- Class / Section: _____

PARENT / GUARDIAN INFORMATION

Father's Name: _____

- Mobile Number: _____ Email ID: _____
- Occupation & Organization: _____

Mother's Name: _____

- Mobile Number: _____ Email ID: _____
- Occupation & Organization: _____

Residential Address:

EMERGENCY CONTACT (Other than Parents)

- Name: _____
- Relationship to Child: _____
- Contact Number: _____

TRANSPORT ARRANGEMENT

Please select the applicable option:

- School Transport
- Private Van
- Pick-up by Authorized Escort

DAYCARE TIMINGS & OPTIONS

(Please tick the preferred option)

- 12:30 PM to 6:00 PM
- 1:30 PM to 6:00 PM

- 09.00 AM to 05.00PM (SATURDAY)

MEAL PLAN REQUIREMENTS

Please specify any dietary restrictions, allergies, or meal-related requirements based on medical conditions. Kindly support your request with a valid document issued by a registered medical practitioner.

HEALTH & MEDICAL INFORMATION

- **Blood Group:** _____
- **Allergies (food/medicine):** _____
- **Medical Conditions (if any):** _____
- **Measures to be Taken in Case of a Medical Emergency:**

- **Is the Child on Regular Medication?** Yes No

If yes, please specify: _____

- **Is your Child Specially-Abled?** Yes No

If yes, please specify: _____

PICK-UP AUTHORIZATION

Please provide the details of individuals authorized to pick up your child from the daycare. ID proof will be mandatory at the time of pick-up.

1. **Name:** _____ | **Contact:** _____

2. **Name:** _____ | **Contact:** _____

DECLARATION

I/We hereby declare that all the information provided above is true and correct to the best of my/our knowledge. I/We agree to abide by the rules and regulations laid down by the Daycare Centre. I/We understand that while every effort will be made to ensure the safety and well-being of the child, Ahlcare shall not be held responsible for any unforeseen incident.

Signature of Parent/Guardian: _____

Date:
