

**LUMS DAYCARE CENTRE
APPLICATION FORM**

Photo 1

Attach
photograph
of the child

Photo 2

Attach
photograph
of the child

Applicant Details

Name _____
Employee Code _____ OR Student ID _____

Details of Child

Name _____
Age _____
Date of Birth _____
Gender male female

Contacts	Primary Contact	Secondary / Emergency Contact
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Name	_____	_____
Relationship	_____	_____
Mobile Number	_____	_____
Landline Number	_____	_____
Email	_____	_____
Address	_____	_____

Physician's information

Name of Physician
Address and Contact
Timings/ availability of physician

SCHEDULE OF CHARGES AND SUBSCRIPTION

Please select your subscription

Program	Monthly Fees	Select
Full-time (age of child is less than 2 years)	Rs. 5,715	<input type="checkbox"/>
Full-time (age of child is 2 years and above)	Rs. 4,970	<input type="checkbox"/>
Part-time (age of child is less than 2 years)	Rs. 4,350	<input type="checkbox"/>
Part-time (age of child is 2 years and above)	Rs. 3,600	<input type="checkbox"/>
Daily	Rs. 380	<input type="checkbox"/>

Duration and Timings

Timings Full-time OR No of hours per day _____

Start Date _____

End Date Ongoing OR End Date _____

Deposit Fee

A non-refundable deposit of Rs. 250 is required before a child is admitted to the Daycare or to hold a future spot. This payment is to be made at HR/deducted from salary. This fee is to be paid before the three day trial period starts.

Overtime/late fees

Overtime is considered any time outside the agreed upon time. Late fees of Rs. 100 per hour will be imposed for pick-ups after 6pm.

Trial Period

A three day trial period will be in effect starting on the first day of care and ending. During this trial period either party may choose to discontinue services without written notice.

Termination of Contract

In order to terminate the daycare subscription, the applicant should inform HR at least 24 hours before separation.

MEDICAL INFORMATION

History

Illness	Month/Year	Illness	Month/Year
Measles		Rubella (German Measles)	
Chickenpox		Whooping Cough	
Mumps		Other, please specify	
Scarlet Fever		Other, please specify	

Please specify any allergies to food, medicines, or any other chronic health conditions:

Please specify any physical or mental handicaps:

List past hospitalizations/operations/accidents:

Does the child have any health condition (e.g., asthma) that would be hazardous to the child, or to a group as a result of participating in normal activities (including sports)?

Yes No

If yes, please specify the necessary protection the child and his/her classmates need to be given:

Have you or the doctor prescribed any medications or special routines which should be included for this child's activities? Yes No - Please Explain:

AGREEMENT

I / we have filled out all relevant forms and will comply with all the provisions contained therein. At this time I/we shall enter into contract with LUMS daycare center for care of above named child with the understanding that we shall work together on behalf of the child. Both parties agree to cooperate and accept this agreement as a binding contract.

This contract will remain in effect until the end date specified above or upon termination of care as set forth herein.

I hereby give my consent for emergency medical care or treatment to be given to my child if I cannot be reached immediately.

Yes No

Applicant Signature

Date