



# University of Poonch Rawalakot Day Care Center

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## Child Registration Form

### Child Information

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Address: \_\_\_\_\_

Special Needs (if any): \_\_\_\_\_

### Parent/Guardian Information

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_  
University Affiliation: \_\_\_\_\_

- Faculty
- Staff
- Student
- Other: \_\_\_\_\_

Department/Office: \_\_\_\_\_

### Reservation Details

1. **Required Days of the Week** (please check all that apply):

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

2. **Preferred Drop-off Time:**

- 8:00 AM
- 9:00 AM
- 10:00 AM
- Other: \_\_\_\_\_

3. **Preferred Pick-up Time:**

- 2:00 PM
- 3:00 PM

- 4:00 PM
- 5:00 PM
- Other: \_\_\_\_\_

**Emergency Contact Information**

1. **Full Name:** \_\_\_\_\_
2. **Relationship to Child:** \_\_\_\_\_
3. **Contact Number:** \_\_\_\_\_
4. **Alternative Contact Number:** \_\_\_\_\_

**Medical Information**

1. **Allergies:** \_\_\_\_\_
2. **Medical Conditions:** \_\_\_\_\_
3. **Medications:** \_\_\_\_\_
4. **Physician's Name:** \_\_\_\_\_
5. **Physician's Contact Number:** \_\_\_\_\_

**Additional Information**

1. **Comments or Special Instructions:** \_\_\_\_\_

**Declaration and Signature**

I hereby declare that the information provided is true and accurate to the best of my knowledge. I agree to adhere to the rules and regulations of the University Day Care Center.

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please submit this form to the University Day Care Center office or email it to Lubnazaffar@upr.edu.pk. For any inquiries, contact us at +92 3315371287.

**Office Use Only**

<b>Date Received:</b> _____ _____	<b>Application Status</b> <input type="radio"/> Approved <input type="radio"/> Denied	<b>Comments:</b> _____ _____
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