



# Mother Teresa Child Care Centre IFTM University, Moradabad



<b>Child Care Registration Form</b>		Date : child entered care	Date: child left care
Child's name (Last, First, Middle):.....		Name used (Nickname)	Birth date
Residential Address:..... .....			
Child's parent/guardian name:..... ..... .....		Mention the mobile number to contact you at when your child is in our care.....	
Permanent Address:..... .....			
<i>I give my permission for any of the following individuals to be contacted and my child may be released to any of them.</i>			
<i>Parent/Guardian signature: _____ Date: _____</i>			
<b>In an emergency, if you are not able to contact me, contact the following:</b>			
Name:		Mobile:	
<b>These individuals also have permission to pick up my child:</b>			
Name (first and last)		cell phone #	
Child's health information			
Child's last physicalexam, if available			
Known health conditions (An individual care plan from child's health care provider is required for any food allergies or special dietary requirement due to a health condition.):.....			
Consent to medical care and treatment of minor children			
I give permission that my child, may be given first aid/emergency treatment by the child care licensee and or qualified staff . [Yes/No] <b>Parent/guardian name and signature:</b>			
When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I certify that this information is true and correct.			
Parent/guardian signature		Date	Parent/guardian signature

**Declaration:** I am fully aware about rules and regulations of Mother Teresa Child Care Centre. I am interested for this facility for my kid.

Signature and Date:.....