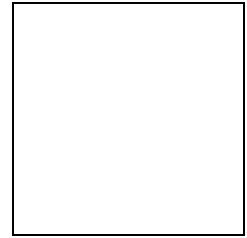




**WOMEN UNIVERSITY MARDAN**

**Application Form**

**Admission in** \_\_\_\_\_



Full Name of Child \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Gender : Male / Female

Address \_\_\_\_\_

Phone \_\_\_\_\_

Mother \_\_\_\_\_

Mother's location when child is in the center:

\_\_\_\_\_

Section/Department \_\_\_\_\_

Designation \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mother's Office Hours: \_\_\_\_\_

Father \_\_\_\_\_

Father's location when child is in the center:

\_\_\_\_\_

Home Address \_\_\_\_\_

Section/Department \_\_\_\_\_

Work Address \_\_\_\_\_

Phone \_\_\_\_\_

Father's Office Hours: \_\_\_\_\_

Email Address \_\_\_\_\_

People Authorized to pick up your  
child \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

People to call in case of **EMERGENCY**

(Must list two people; do not list parents of the child)

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone No \_\_\_\_\_

**Other Information**

Existing medical conditions, medications and/or special attention your child may  
require

\_\_\_\_\_  
Allergies

\_\_\_\_\_

Name of the child's physician or health clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Office hours of the doctor: \_\_\_\_\_

Phone/Cell Number: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

Additional Comments and Information

Is there is any other information that that would be helpful to our management

\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission to Women University Mardan Day Care/Pre-Playgroup/Playgroup to secure emergency medical treatment/emergency surgical treatment of the above mentioned child while in care.

\_\_\_\_\_  
Parent's Signature

Date:

**For Office use only:**

\_\_\_\_\_  
Head of the Institution

\_\_\_\_\_  
Head of Deptt. Of Psychology

\_\_\_\_\_  
In-charge Day Care/Pre-Play Group/Play Group

Date of Submission: