



SAJID IDEAL MODEL HIGH SCHOOL

04-Park Link Road, Chak Shahzad Islamabad

REGISTRATION FORM

Appendix 'B'

Details of Child

Name	
Father's Name	
Age	
Gender	

Attach
Passport Sized
Picture

Details of Parents/ Guardian

For HUIC Employees

Name: _____ Designation: _____

Employee Code: _____ Faculty/Department: _____

For Non Employees

Guardian Name: _____ Relationship: _____

Contact Number: _____

Contacts

Primary Contact

Secondary/ Emergency Contact

Name:	_____	_____
Relationship:	_____	_____
Mobile Number:	_____	_____
Landline Number:	_____	_____
Office Number:	_____	_____
Email Address:	_____	_____
Address:	_____	_____

Physician's information (if any)

Name of Physician
Address and Contact
Timings/Availability of physician
Any other Additional Information

Emergency Contact Details

Name: _____ Relationship: _____ Contact Number: _____



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SCHEDULE OF CHARGES AND SUBSCRIPTION

Please select your subscription

FOR OUTSIDERS ONLY			FOR HUIC EMPLOYEES ONLY		
Program	Monthly Fee	Select	Program	Monthly Fee	Select
Full-time	Rs./-10,000	[]	Full-time	10% of the gross salaries	[]
Part-time	Rs./-7000	[]	Part-time	7% of the gross salaries	[]
Daily(Form on-registered children)	Rs.-2000 /day	[]	Daily(Form on-registered children)	Rs 1000/day	[]

Duration and Timings

Timings [] Full-time OR [] No of hours per day_

Start Date _____

End Date [] Ongoing OR End Date _____

Deposit Fee/Subscription Charges

A non-refundable deposit of Rs. 2000 is required to submit before a child is admitted to the Daycare or to hold a future spot. This fee is to be paid before the one-week trial period starts, furthermore after admission/registration of child in Day Care Center; subscription charges/fee will be non-refundable/claimable. This payment is to be made through bank or deducted from salary of HUIC employees.

Overtime/late fees

Overtime is considered any time outside the agreed upon time. Late fees of Rs. 1000 per hour will be imposed for pick-ups after 4:00pm. An additional hourly rate of Rs.2000 will be charged for every half an hour slot.

Trial Period

A one week 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 day care subscription, the applicant should inform HR at least 24hours before separation.



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MEDICAL INFORMATION

Vaccination 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 class mates 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:



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UNDERTAKING

Appendix: C

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 HU Day Care Centre 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.

I am completely aware by SIMS Day Care Center policy. University reserves the right to terminate the Daycare facilities for the following reasons (but not limited to):

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

- Failure to pay
- Routinely late picking up your child
- Failure to complete the required forms and provide documents required
- Lack of parental cooperation
- If child not adjust to the Center after a reasonable amount of time
- Physical or verbal abuse of any person
- Serious illness

I hereby give my consent for emergency medical care or treatment to be given to my child if I can not be reached immediately, furthermore Hamdard University will not be responsible in case of any loss or mishap occurred. [] Yes [] No

Applicant/Parent's Signature: _____

Date: _____

For Official Use

Case Ref. No: _____

Remarks/Recommendation: _____

Day care Incharge: _____ Dir. Administration: _____

Finance: _____ Dir.General : _____



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Required Documents for admission:

- a. Registration form (attached as 'Appendix-B') duly filled by Parents of the children will be submitted along with following documents for office record
- b. 2xPhotographofChild
- c. Parent ID cards copies
- d. Employee card copy (If relevant)
- e. Child Registration Certificate (B-Form) or Birth Certificate
- f. Undertaking by Parent/Employee (attached as Appendix-C)
- g. Medical history of the child (In case of any illness/handicap/disease)