

**RULES FOR G.M. ABHYANKAR DAY CARE CENTRE  
OF  
INDIAN WOMEN SCIENTISTS' ASSOCIATION**

**Plot No. 20, Sector 10A, Vashi, Navi Mumbai 400 703**

**Tel. No: 27899705/27661806/27662136**

- 1. Admission:** Only children between the age of 6 months and 6 years will be admitted.
- 2. Timings:** The Day Care Centre will remain open from 7 a.m. to 7 p.m. on all working days. It will remain closed on Sundays and Bank Holidays. All parents are requested to collect the children by 7 p.m. If the child is kept after the working time extra Rs.40/- will be charged.
- 3. Health & Hygiene:**
  - I. If the child is suffering from any sickness or illness, the child will not be allowed in the centre.
  - II. In case of post-care treatment, the parent should inform the Centre accordingly and leave specific instructions and medicines with the person in charge.
  - III. All parents are requested to send extra sets of clean clothes along with towel/powder/cream and other toiletries.
  - IV. All parents are requested to bring a big polythene bag to keep soiled clothes.
  - V. When the child is brought to the Centre, the child should be clean and neatly dressed.
- 4. Food:**
  - I. Only milk along with milk bottles (adequate no.), food and snacks should be sent from home with the child. Kindly note the centre does not provide milk or food.
  - II. Only vegetarian food and/or boiled eggs should be sent from home with the child
- 5. General:**
  - I. In case of an emergency, the parent of the child concerned will be called to attend the child during office hours, parents must inform the centre in writing about any change in their department address or contact telephone number.
  - II. **Parents who wish to discontinue their child from centre should inform in writing at least one month before the date.**
  - III. Fees will be charged for all 12 months of the year including vacations. In case of unforeseen circumstances children may be withdrawn from the centre earlier, but a minimum of 3 month's fees from the date of admission will be charged from the parents.
  - IV. The above rates are subject to revision from time to time.
  - V. While all due care will be taken of the children admitted to the Day Care Centre the Association does not take any responsibility for any sudden illness, or accidents that may occur in the organization's premises.

- VI. Parents are requested not to send the child with any valuables.
- VII. Day Care in-charge should be informed about the arrangements to drop/pick the child at or from the centre.
- VIII. Children will be handed over to the parents/persons specified & introduced by the parents only.
- IX. Application form to be filled in duplicate (signed by Day Care Centre Authorities)
- X. Refund of Security deposit must be collected within six months from the date of the discontinuation of the child from the centre.

## 6. Charges

Age of the Children	Charges per month	
6 month up to 1 year	Full day (12hrs)	Rs 3,000/-
	Half Day (6 hrs)	Rs 2500/-
1 year up to 2 ½ years	Full day (12 hrs )	Rs 2500/-
	Half Day (6 hrs)	Rs 2000/-
Above 2 ½ years	Full Day (12 hrs)	Rs 2300/-
	Half Day (6 hrs)	Rs 1800/-
Admission fees		Rs 300/-

- (i) Charges for IWSA staff members & helpers 5% of their remuneration.
- (ii) Staff members earning more than Rs 4000/- 10% of the remuneration.
- (iii) **Transport charges :** Rs 200/- one way  
Rs 250/- Two way
- (iv) **Overtime Charges :-**  

Half Day Children :	Before 7.00 pm.	Rs 25/- per hrs
	After 7.00 pm	Rs 40/-per hrs
Full Day Children :	After 7.00 pm	Rs 40/- per hr

(V) Decision regarding revision of the Security Deposit of the Day Care centre is yet to taken  
 proposed revision : Full Day Admission Rs 6000/-  
 Half Day Admission Rs 5000/-

## INDIAN WOMEN SCIENTISTS' ASSOCIATION

G.M. Abhyankar Day Care Centre  
Plot No. 20, Sector 10A, Vashi, Navi Mumbai 400 703

### APPLICATION FORM

#### DETAILS OF THE CHILD

##### GENERAL:

1. Name:
2. Age
3. Date of Birth:
4. Sex: Male/Female
5. School/Any other centre Attended Yes ( ) No ( )  
If Yes, Mention  
Name:  
Address & Tel. No.  
  
Timings:  
Medium of Instruction:  
  
Teacher's/Caretaker's Name:
6. Will your child continue to attend the School, he/she is already attending? Yes ( ) No ( )

##### HEALTH:

1. Medical problems in the family if any
2. Any problems during: (a) Delivery of child  
(b) Post Natal period
3. Immunization Type Age When taken No. of Doses  
  
B C G  
D P T (Triple)  
Booster Dose:  
Measles/Mmr:
4. Any major illnesses (e.g. Measles, Chicken-Pox) in the past?
5. Any Allergies (e.g. Vomiting, eggs, milk, medicines etc)
6. Any Frequent illness (e.g. Vomiting, Diarrhoea) in the child?
7. Any Special/Chronic illness in the child?
8. Normally which medicines are given in:  
fever, stomach ache, vomiting , diarrhoea)

**B. DETAILS OF PARENTS:**

**FATHER**

**MOTHER**

1. Name
2. Designation  
(Proof of employment to be submitted)
3. Office Address
  
4. Tel. No./Cell No.
5. Work Timings
6. Approx. Salary drawn
7. Home Address
8. Tel. No./Cell No.
9. Family Details:
  - (i) No. of members in the family:
  - (ii) Adults Besides Parents at Home (e.g. Grandparents, Uncles) (Yes) (No)
  - (iii) Any Live in Servant/s at Home – (Yes) (No)  
If Yes, Mention – Name  
Age Sex: Female/Male
  - (iv) Languages spoken at home with the child?
  - (v) Does the Child have any Sibling: (Yes) (No)  
  
If Yes, Mention – Name  
Age Sex  
  
School/Centre Attended:

8. On what basis would you like to enroll your child at this centre?

Half Day (upto 6 hours)      Specify timings

Full Day (7 a.m. to 7 p.m.)      Specify timings

9. Briefly state your expectations/suggestions regarding the Day Care Centre concerning your child?

10. I have gone through the rules of your Day Care Centre and I agree to abide by them.

Signature of the parent:

Name: