### REGISTRATION

ENGLISH PLAYSCHOOL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHILD | | | | |
| Surname |  | First name |  | |
| Address |  | Post code |  | |
| Date of birth |  | Social security number |  | |
| Place of birth |  | Citizenship |  | |
| Religion |  |  |  | |
| Inoculations completed in line with the pregnancy and infancy medical record | | | **YES** | NO |
| Allergies *(if yes, please give details)* | | | **YES** | NO |
|  | | | | |
| Siblings *(if yes, please write names and birth dates in the boxes below* | | | **YES** | NO |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MOTHER | | | | |
| With parental authority | | | **YES** | NO |
| First name |  | Surname |  | |
| Address |  | Post code |  | |
| Contact numbers *(please, give details)* | | | | |
| Home |  | Mobile |  | |
| Work |  | Others |  | |
| E-mail |  | | | |
| Occupation |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| FATHER | | | | |
| With parental authority | | | **YES** | NO |
| First name |  | Surname |  | |
| Address |  | Post code |  | |
| Contact numbers *(please, give details)* | | | | |
| Home |  | Mobile |  | |
| Work |  | Others |  | |
| E-mail |  | | | |
| Occupation |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| CONTACT PERSON | | | |
| First name |  | Surname |  |
| Contact numbers *(please, give details)* | | | |
| Home |  | Mobile |  |
| Work |  | Others |  |

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| *With the payment of the registration fee, I hereby acknowledge the conditions of acceptance, statutes and General Data Protection Regulation of the English Playschool and declare my acceptance of the related obligations.* |

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Date Signature