### REGISTRATION

ENGLISH PLAYSCHOOL

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

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

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| --- |
| 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