

# REGISTRATION

ENGLISH PLAYSCHOOL



CHILD			
Surname		First name	
Address		Post code	
Date of birth		Social security number	
Place of birth		Citizenship	
Religion		Gender	
Inoculations completed in line with the pregnancy and infancy medical record			<input type="checkbox"/> YES <input type="checkbox"/> NO
Premature birth			<input type="checkbox"/> YES <input type="checkbox"/> NO
Allergies (if yes, please give details)			<input type="checkbox"/> YES <input type="checkbox"/> NO
Siblings (if yes, please write names and birth dates in the boxes below)			<input type="checkbox"/> YES <input type="checkbox"/> NO

MOTHER			
With parental authority			<input type="checkbox"/> YES <input type="checkbox"/> NO
First name		Surname	
Address		Post code	
Contact numbers (please, give details)			
Home		Mobile	
Work		Others	
E-mail			
Occupation			

FATHER			
With parental authority			<input type="checkbox"/> YES <input type="checkbox"/> 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	

*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.*

Date

Signature