



## Day Care - Registration Form

### Details of Child

Last Name	
First Name	
Date of Birth	

### Emergency Contact

Name	
Relationship	
Tel	

### Parent / Guardian 1

Last Name	
First Name	
Nationality	
Relationship	
Street & No.	
Code & Place	
E-Mail	
Tel (Home)	
Tel (Mobile)	
Tel (Work)	
Employer	

### Parent / Guardian 2

Last Name	
First Name	
Nationality	
Relationship	
Street & No.	
Code & Place	
E-Mail	
Tel (Home)	
Tel (Mobile)	
Tel (Work)	
Employer	

### Account address *(only complete if different from above)*

Last Name	
First Name	
Street & No.	
Code & Place	

Signature of person responsible for account

Place                      Date

Preferred Induction Date

Preferred Enrolment Date

Attendance	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day					
Until 14:00					
From 14:00					

Signature(s) of Parent(s)/Guardian(s)

I (we) herewith declare that I (we) accept the conditions stipulated in the Day Care – Fee Policy.

Place

Date

Signature

Signature