

Magic Steps Childcare Centre

Child Information

Surname: _____
Name: _____
I.D. Card No.: _____ Date of Birth: ____ / ____ / _____
Medical Requirements: _____

**Child's
Photo
Required**

If any, please specify any Special Diets, Allergies, Other Conditions etc...

Parents'/ Legal Guardian Information

Legal Guardian

Parent 1's Name: _____

I.D. /Passport No.: _____

Copy of I.D. or Passport Required

Mobile No: _____

Work No: _____

Parent 2's Name: _____

I.D. /Passport No.: _____

Copy of I.D. or Passport Required

Mobile No: _____

Work No: _____

Nationality: _____

Parent 1

Parent 2

Home Address: _____

Village: _____

Home Tel No: _____

Email Address/s: _____

Other Contact:

Please name the person/s other than yourselves authorised to pick up your child. No other person will be able to pick up child unless a written consent is given to the centre. The person/s hereunder may also be contacted in case of emergency.

Person/s Name & Surname: _____ / _____

Relation to Child: _____ / _____

ID No/s.: _____ / _____

Tel Nos.: _____ / _____

Address: _____ / _____

Other Emergency Contact/s:

Full Name & Relation: _____ / _____

ID No/s.: _____ / _____

Tel. No/s.: _____ / _____

Other Information:

Tel Nos: 27320600/77320600

Email Address: magicstepsgozo@yahoo.co.uk

Kindly indicate in which language would you like us to relate to your child:

Maltese / English

Religious Beliefs - _____

Weekly Hours Required:

Days & Period of Hours :

Indicate the time next to the days required. Monday to Friday from 07.00–17.00 and Saturday from 7.00-15.00

	In	Out
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

By the Hour - (tick Only if you choose to send the child by the Hour)

Date of Commencement - _____

Please indicate any special requirements hereunder:

Please present a copy of the child's Immunization Card

Date: ____ - ____ - _____

I, the undersigned declare that all information submitted in this form is true & correct.

I, the undersigned, grant Magic Steps Childcare Centre to use images of my child in future Magic Steps promotional material.

Yes No

Full Name

Signature

For Office Use Only:

Registration Fee Paid: _____

Date of Payment: _____

Name & Signature of Recipient: _____