

SCHOOL CARE CENTRE ENROLLMENT FORM

No. _____

Name and surname: Academic year: Class:

Date of birth: Personal Identification Number:

Health insurance company:

Place of residence:.....

MOTHER

Name and surname:

Occupation:

Employer: Mother's telephone number:

FATHER

Name and surname:

Occupation:

Employer: Father's telephone number:

Beginning of Care Centre attendance: from

CHILD'S LEAVING TIMES FROM CARE CENTRE

Day	Morning Care Centre YES/NO	Afternoon Care Centre Leaving time	Change from	Child will leave Care Centre BY HIMSELF/HERSELF/ ACCOMPANIED	NAMES of other persons who can pick up child
Mon					
Tue					
Wed					
Thu					
Fri					

If a child shall leave BY HIMSELF/HERSELF at other time than specified in the Enrollment Form, the child must present a WRITTEN LETTER OF APOLOGY by their parents before they leave.

OTHER CONTACTS FOR EVENTUAL STAY OF A CHILD IN CARE CENTRE AFTER 5 P.M.

Name and surname: Telephone number:

I agree with the Care Centre Internal Rules

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Date

Legal representative's signature