



Enrolment form: My Baby Nursery

Child's details

Name: _____ Surname: _____

Date of birth: _____ Nationality: _____ Permit: _____

Address: _____ Residency: _____

Native language: _____ Email address: _____

Family doctor: _____ Health insurance policy: _____

Siblings: _____ Insurance: _____

Affidamenti precedenti: NO SI (Nome, Luogo e Anno) _____

<u>Attendance options:</u>	<input type="checkbox"/> Subscription A Five half days	<input type="checkbox"/> 7.30am – 1 pm <input type="checkbox"/> 1pm – 6.30 pm
	<input type="checkbox"/> Subscription B	7.30am – 4 pm
	<input type="checkbox"/> Subscription C	7.30am – 6.30pm
	<input type="checkbox"/> Subscription D Three half days	<input type="checkbox"/> 7.30am – 1 pm <input type="checkbox"/> 1pm – 6.30 pm

Starting date/extra information:





Mother's details:

Surname: _____

Name: _____

Marital status: _____

Date of birth: _____

Address: _____

Residency: _____

Nationality: _____

Profession: _____

Medacta employee: YES NO

Phone number: _____

Other Contact: _____

Father's details:

Surname: _____

Name: _____

Marital status: _____

Date of birth: _____

Address: _____

Residency: _____

Nationality: _____

Profession: _____

Medacta employee: YES NO

Phone number: _____

Other Contact: _____

Personal history:

Was the child born full term?.....

Did the mother have a regular pregnancy?.....

Did the child cry as soon as he was born?.....

Did the child have any problems after birth?.....

Was the child breast fed?..... Until what age?.....

Did the child have problems weaning?.....

Is the child allergic to or have an intolerance to any particular foods?.....

Does the child enjoy eating?.....





Does the child have any particular food preferences?.....

Is the child eating by himself?

Who usually puts the child to bed?.....

Does the child have a regular sleep pattern?.....

Is there a special bedtime routine? Use of a dummy or a favourite toy?
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Did the child crawl? From what age?.....

Is the child walking?..... From what age?.....

Other useful information:

Persons authorised to collect my child: FILL IN THE DELEGATION FORM ATTACHED

Allergies to food/medication/insects:

What are the Parent's expectations of the Nursery?

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Any other useful information

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N.B. I hereby declare to have read and accepted the conditions stated in the My Baby rules and regulations.

Place and date: _____ Signature: _____