



Enrolment form: My Child Preschool

Child's details

Name: _____ Surname: _____

Date of birth: _____ Nationality: _____ Permit: _____

Address: _____ Residency: _____

Native language: _____ Email address: _____

Family doctor: _____ Health insurance policy: _____

Siblings: _____ Insurance: _____

Attendance options:

Subscription A 7,30/9,00am - 15,30/16,00pm

Subscription B 7,30/9,00am - 16,00/18,00pm





Mother's details:

Surname: _____

Name: _____

Marital status: _____

Date of birth: _____

Address: _____

Residency: _____

Nationality: _____

Profession: _____

Medacta employee: YES NO

Phone number: _____

Father's details:

Surname: _____

Name: _____

Marital status: _____

Date of birth: _____

Address: _____

Residency: _____

Nationality: _____

Profession: _____

Medacta employee: YES NO

Phone number: _____

Other useful information:

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

Allergies to food/medication/insects: _____

Other _____

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

Place and date: _____ Signature: _____

