



Enrolment form: My Kid Primary School

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: | <input type="checkbox"/> Subscription A | 7,30/9,00am - 15,30/16,00pm |
| | <input type="checkbox"/> 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 Kid rules and regulations.

Place and date: _____ Signature: _____