

# Magic Steps Childcare Centre

## Child Information

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

I.D. Card No.: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

Medical Requirements: \_\_\_\_\_

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

**Child's  
Photo  
Required**

## 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:

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 06.45-17.30 and Saturday from 7.00-15.30*

	<b>In</b>	<b>Out</b>
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

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**