



APPLICATION FORM

Child's Details

Name

Surname

Date of Birth Day Month Year

Gender Boy Girl

ID No.

House No.

House Name

Street Name

Town

Post Code

Nationality

Qawra Zebbug

Hamrun

Parent's Details

Parent 1 Name

Parent 2 Name

Parent 1 Surname

Parent 2 Surname

Parent 1 ID No.

Parent 2 ID No.

Parent 1 Address
(N/A if same as the child's)

Parent 2 Address
(N/A if same as the child's)

House No.

House No.

House Name

House Name

Street Name

Street Name

Town	<input type="text"/>	Town	<input type="text"/>
Post Code	<input type="text"/>	Post Code	<input type="text"/>
Nationality	<input type="text"/>	Nationality	<input type="text"/>
Mobile No.	<input type="text"/>	Mobile No.	<input type="text"/>
E-Mail:	<input type="text"/>		

Package Details

Tick chosen Package
(per 4 week package)

120 Hours	<input type="checkbox"/>
140 Hours	<input type="checkbox"/>
160 Hours	<input type="checkbox"/>
Loose Hours	<input type="checkbox"/>

If you ticked loose hours, please provide further details below:

Hours attending

	From	To
Monday	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>

	Day	Month	Year
Starting Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Registration Fee €

Applicants will be accepted on a first come first served basis and must be accompanied by the registration fee payment. A non-refundable one time registration fee of €100 must be paid. Payments are to be made in cash, Revolut or BOV Mobile on 99988996 and your child's name and chosen centre location must be added to payment details.

Authorised persons (other than parents)

Name	<input type="text"/>	Name	<input type="text"/>
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Surname	<input type="text"/>	Surname	<input type="text"/>
ID Card No.	<input type="text"/>	ID Card No.	<input type="text"/>
Relationship to Child	<input type="text"/>	Relationship to Child	<input type="text"/>
Mobile No.	<input type="text"/>	Mobile No.	<input type="text"/>
Fixed Line No.	<input type="text"/>	Fixed Line No.	<input type="text"/>

Name	<input type="text"/>	Name	<input type="text"/>
Surname	<input type="text"/>	Surname	<input type="text"/>
ID Card No.	<input type="text"/>	ID Card No.	<input type="text"/>
Relationship to Child	<input type="text"/>	Relationship to Child	<input type="text"/>
Mobile No.	<input type="text"/>	Mobile No.	<input type="text"/>
Fixed Line No.	<input type="text"/>	Fixed Line No.	<input type="text"/>

Emergency Contact Details *(other than parents)*

Name	<input type="text"/>	Name	<input type="text"/>
Surname	<input type="text"/>	Surname	<input type="text"/>
ID Card No.	<input type="text"/>	ID Card No.	<input type="text"/>
Relationship to Child	<input type="text"/>	Relationship to Child	<input type="text"/>
Mobile No.	<input type="text"/>	Mobile No.	<input type="text"/>
Fixed Line No.	<input type="text"/>	Fixed Line No.	<input type="text"/>

Medical History

Please answer all questions carefully .

1. Does your child have any type of allergy? Yes / No
 If yes, specify: _____

2. Has your child ever had an operation/injury? Yes / No
 If yes, please describe it: _____
 If yes, in which month and year did it occur? _____

3. Does your child have any specific dietary needs? Yes / No
 If yes, specify: _____

4. Is your child currently taking any prescription medicine?

Yes / No

If yes, specify:

5. Please describe any health condition or physical/psychological condition of your child (or any other conditions) about which we should be informed.

The data requested will only be processed by the administrators of Team Tickles Child Care & Nursery for the general administration of the centre and for correspondence with participants themselves. Under no circumstance will this data be passed on to commercial third parties. All this information is required so that, should the need arise, procedures may be carried out without any unnecessary delays. In case of an accident or emergency, Team Tickles Child Care & Nursery administrator will attempt to contact the persons listed in the Emergency Contact Details. If no one can be reached, the responsibility of your child's health will be assumed by the doctor.

I/We wish to receive information about Team Tickles Child Care & Nursery activities

I/We am/are granting Team Tickles Child Care & Nursery permission to use images of my/our child in future Team Tickles Child Care & Nursery promotional material & media coverage of Team Tickles Child Care & Nursery activities.

I/We authorise the legal representatives of Team Tickles Child Care & Nursery to make a report to Appogg as established in the policies and procedure manual if they suspect my child is the victim of abuse.

I/We agree to pay Eur 36 per annum (i.e. Eur 3 per month) or pro-rata to be a member on HiMama application.

Signatures

Parent 1/Guardian

Parent 2/Guardian

For office use only

Deposit paid: _____

Date of payment: _____

Paid by: Cash Revolut BOV M

Name & Signature of Recipient: _____