



## Registration Form

Child's Name and Surname: \_\_\_\_\_

Child's ID Card Number: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Gender:                      Male                       Female

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

ID Number of Parent/Guardian: \_\_\_\_\_

Contact number of Parent/Guardian: \_\_\_\_\_

Authorised Pick- up Person: \_\_\_\_\_

Authorised Pick- up Person ID Card: \_\_\_\_\_

Any Related Allergies: \_\_\_\_\_

Scheme type: Free Childcare Scheme                       Private Scheme

Hours/Days Per week: \_\_\_\_\_

Registration fee:

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St. Paul's Representative

Parent/Guardian

Date

Please note that registration fees are non-refundable.