



1 Bella Vista	San Gwann 21 376200
Triq L'Imhalled Paul Debono	Msida 21 311186
Triq Kungress Ewkaristiku	Mosta 21 323147
Rita Gruppetta	Cell. No. 79594367

Application Form :- Date _____

Please Select Loc San Gwann / Msida / Mosta		Date To Start Attending _____	
Child Information			
Name of child	Date of Birth	I.D. (ends with an L)	Gender M/F
Address			
Parents Info (Copy of I.D. Cards)			
Name of Mother	I.D. No.	Mobile	Email
Name of Father	I.D. No.	Mobile	Email
Emergency Contact Number (Copy of I.D. Cards)			
Name	Mobile	Relationship	I.D.
Pick Up Info :- Persons picking up Children has to produce I.D Card (Copy of I.D. Cards)			
<i>No other person will be able to pick up your child other than the persons mentioned here below</i>			
Name	I.D.	Mobile	
Other Information			
Attended other Child Care	Name of Child Care	Date of Termination	
Reason of Termination			
Signing of Document			
I authorize the use of my child photos to be used on smiles face book page NO <input type="checkbox"/> Yes <input type="checkbox"/>			
I have read the Centre Policies			
To my / our Knowledge All the information on this document is True.			
Signature of applicant: Mother _____		Date	
Signature of applicant: Father _____		Date	
Signature for Smiles Care Centre _____		Date	