



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   |               |                               |            |
| Mother D.O.B.   |               |                               |            |
| Father D.O.B.   |               |                               |            |
| Time of child attendance  |               |                               |            |
| 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                          |            |