



Triq il-Palazz L-Ahmar, St Venera  
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**www.beesmart.com.mt**  
www.fb.com/BeeSmartMalta

### **Childs' Information**

Child's Surname \_\_\_\_\_

Child's Name \_\_\_\_\_

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

*Kindly attach a copy of your child's birth certificate and a copy of the flu inoculations record.*

Child's Gender \_\_\_\_\_

Parents or Guardians Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

Contact Telephone Numbers:

Home \_\_\_\_\_

Mother: Mobile \_\_\_\_\_ Work \_\_\_\_\_ Place of Work \_\_\_\_\_

Father: Mobile \_\_\_\_\_ Work \_\_\_\_\_ Place of Work \_\_\_\_\_

### **Other Emergency Contact Details**

<u>Name</u>	<u>Mobile</u>	<u>Relation to Child</u>
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### **Authorised Persons Picking up Child (Including Parents / Guardians)**

<u>Name</u>	<u>ID Card No</u>	<u>Relation to Child</u>
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_____	_____	_____
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_____	_____	_____
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## **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 drug: \_\_\_\_\_ Dosage \_\_\_\_\_
5. Please describe any other health condition or physical / psychological condition of your child (or any other conditions) about which we should be informed.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Application for Kinder1\_\_\_ Kinder2\_\_\_**

Applications will be accepted on first-come-first-served basis and must be accompanied by the registration fee of 25 Euro. Acceptance will be confirmed and one monthly payment is to be made.

Kindly make cheque payable to BeeSmart.

Date of Commencement: \_\_\_\_\_

## **Permission to Photograph**

I the undersigned grant BeeSmart Child Care Centre to photograph my child and use images of my child in future for the following purposes; promotional material, child care's facebook page, child care's website, bulletin boards shown to current and prospective clients and to give photographs possibly containing your child to current clients.  
Yes \_\_\_\_\_ No \_\_\_\_\_

*The data requested will only be processed by the administrators of BeeSmart for the general administration of the centre and for correspondence with participants themselves. Under no circumstances 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.*

*I declare that the above information is correct in all aspects and have read and agreed to the centre's policies. I also understand that it is my responsibility to update this form which will remain in effect during the term of my child's enrollment.*

\_\_\_\_\_  
**Parents Signature**                      **OBO BeeSmart's Child Care Centre**                      **Date**

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**For office use only**

Registration Fee Paid: \_\_\_\_\_ Date of Payment \_\_\_\_\_

Name & Signature of Recipient: \_\_\_\_\_