

MARIA'S EARLY LEARNING CENTRE

ENROLMENT / REGISTRATION FORM

PARENTS' / LEGAL GUARDIAN INFORMATION

MOTHER / GUARDIAN						
First Name			Home Phone			
Last Name			Mobile Phone			
I.D Card Number (Copy of ID or Passport Required)						
Address						
Occupation			Office Phone			
Employed By			Working Hours			
Work Address						
E-Mail						
Marital Status	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
	Separated	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Other	<input type="checkbox"/>

FATHER / GUARDIAN						
First Name			Home Phone			
Last Name			Mobile Phone			
I.D Card Number (Copy of ID or Passport Required)						
Address						
Occupation			Office Phone			
Employed By			Working Hours			
Work Address						
E-Mail						
Marital Status	Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
	Separated	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Other	<input type="checkbox"/>

MARIA'S EARLY LEARNING CENTRE

FIRST CHILD INFORMATION			
First Name		Date of Birth	
Last Name		Class	
Male		Female	
Child's Home Address			
List any existing medical conditions, medication and/or special attention your child requires?			
Allergies			
Paediatrician's Name		Phone	
May we take and maintain a photo of your child for security purposes (Yes / No)?			
SECOND CHILD INFORMATION			
First Name		Date of Birth	
Last Name		Class	
Male		Female	
Child's Home Address			
List any existing medical conditions, medication and/or special attention your child requires?			
Allergies			
Paediatrician's Name		Phone	
May we take and maintain a photo of your child for security purposes (Yes / No)?			
THIRD CHILD INFORMATION			
First Name		Date of Birth	
Last Name		Class	
Male		Female	
Child's Home Address			
List any existing medical conditions, medication and/or special attention your child requires?			
Allergies			
Paediatrician's Name		Phone	
May we take and maintain a photo of your child for security purposes (Yes / No)?			

MARIA'S EARLY LEARNING CENTRE

EMERGENCY CONTACTS & AUTHORIZED PICK-UP PERSONS

FIRST CONTACT / PICK-UP PERSON			
Name		ID card number	
Relation to Child		Phone	
Able to pick up all children in the family (Yes / No)			
Not able to pick up the following children			

SECOND CONTACT / PICK-UP PERSON			
Name		ID card number	
Relation to Child		Phone	
Able to pick up all children in the family (Yes / No)			
Not able to pick up the following children			

THIRD CONTACT / PICK-UP PERSON			
Name		ID card number	
Relation to Child		Phone	
Able to pick up all children in the family (Yes / No)			
Not able to pick up the following children			

FOURTH CONTACT / PICK-UP PERSON			
Name		ID card number	
Relation to Child		Phone	
Able to pick up all children in the family (Yes / No)			
Not able to pick up the following children			

MARIA'S EARLY LEARNING CENTRE

OTHER INFORMATION

Tuition / Payment Information

Number of hours per week		Current Tuition Amount per month	
Commencement Date			

A one-time non-refundable fee of €150 is paid upon registration. Our waiting list for Maria's Early Learning Centre admission is based on a first come, first served basis. Priority (subject to availability) will be given to children who will attend for at least six (6) hours a day, as per our recommended curriculum plan, and must be accompanied by a one month payment.

Acknowledgement of Policies and Procedures

I/we have received and reviewed a copy of the Centre's Policies and Procedures Handbook (Yes / No)	
--	--

Additional Comments & Information

Is there any other information that would be helpful to our management and teaching staff?

Acknowledgement of Data given to the Centre

The data requested will only be processed by Maria's Early Learning Centre for the general administration of the centre. Under no circumstances will this data be passed on to commercial third parties. All this information is required in the event that any procedures may be carried out without unnecessary delays. In case of an accident or emergency, the responsible person within the Centre will attempt to contact the authorised person/s listed in this Form. If no one can be reached the responsibility of your child's health will then be assumed by the medical doctor.

I/we agree to promptly notify of any changes to the information listed herein		
I/we am/are granting Maria's Early Learning Centre permission to use images of my/our child in future promotional material and media coverage of Maria's Early Learning Centre activities.		
I/we understand that it is my/our responsibility to update any information given on this form in the event that I/we no longer wish to authorize any of the above information.		
Parent/Guardian Full Name		ID Card Number
Parent/Guardian Signature		Date

Managing Director		Signature
Date		

For Office Use Only

Registration Fee Paid		Date	
Monthly Fee Paid		Date	
Name of Recipient		Signature of Recipient	