

Application Form

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|---|---|
| Name <input style="width: 90%;" type="text"/> | Address <input style="width: 90%;" type="text"/> |
| Surname <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> |
| Date of Birth <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> | Town & Post Code <input style="width: 90%;" type="text"/> |
| Gender <input type="checkbox"/> Girl <input type="checkbox"/> Boy ID Card <input style="width: 90%;" type="text"/> | Mother's Name <input style="width: 90%;" type="text"/> |
| <div style="border: 1px solid black; padding: 5px;"> Date starting <input style="width: 90%;" type="text"/> hours/week <input style="width: 90%;" type="text"/> <input type="checkbox"/> Monday Time in <input style="width: 90%;" type="text"/> <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday Time out <input style="width: 90%;" type="text"/> <input type="checkbox"/> Thursday <input type="checkbox"/> Friday </div> | Email <input style="width: 90%;" type="text"/> |
| | Father's Name <input style="width: 90%;" type="text"/> |
| | Email <input style="width: 90%;" type="text"/> |
| | Registration Fee <input style="width: 90%;" type="text" value="€ 50.00"/> <small>Childcare only</small> |
| | First Month Payment <input style="width: 90%;" type="text" value="€"/> <small>Paying Childcare</small> |

Make cheque payable to **Vista Coop**

Receipt No Date

Pick-Up Authorisation

Name the persons authorised to pick up your child. No other person will be able to do so without the parent/guardian's consent. (kindly include yourself)

| Name & Surname | ID Card No | Relationship to Child |
|--|--|--|
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
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| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

Emergency Contact Details

Please ensure that you include the correct details of persons who may be contacted in case of emergency.

| Name & Surname | Mobile Number | Fixed Line Number |
|--|--|--|
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |

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 prescription medicine? Yes No

If Yes, specify drug:

Dosage:

5. Please describe any other health or physical/psychological condition of your child (or any other condition) about which we should be informed.

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Yes No I/We am/are granting Vista Coop permission to use images of my/our child in promotional material of Vista Coop.

Yes No I/We am/are granting Vista Coop permission to pass on my/our detail to the Inland Revenue Department for the purpose of benefiting from any tax concessions offered.

Yes No By applying for Childcare/Kindergarten services provided by Vista Coop, I/we declare that all information entered was done accurately and truthfully.

Yes No I/We declare that I/we have read and accepted the Policies and Procedures laid down by Vista Coop for their services.

Yes No I/We declare that I/we have read and accepted the Terms and Conditions for the Free Childcare Service Scheme (if applicable).

Parent/Guardian Name 1

ID Card

Signature

Date

Parent/Guardian Name 2

ID Card

Signature

Date

Both parents/guardians must sign application form. In the case of single parent/guardian, the relevant documents must be presented to justify one signature.

Kindly attach copy of the following documents of your child:

- Birth certificate
- Immunisation records
- Prescriptions (if applicable)

Vista Coop
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