

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.

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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