

**Do Re Mi Child Care Centre**

**Application Form**

Child's name and surname \_\_\_\_\_

Date of birth \_\_\_\_\_

Child's I.D. card number \_\_\_\_\_

Parent/ guardian's name and surname \_\_\_\_\_ I.D. card number \_\_\_\_\_

Home contact number \_\_\_\_\_ Email address \_\_\_\_\_

Home address \_\_\_\_\_ Postcode \_\_\_\_\_

Place of employment \_\_\_\_\_ Mobile Number \_\_\_\_\_

Other Parent's name and surname \_\_\_\_\_ I.D. card number \_\_\_\_\_

Email address: \_\_\_\_\_

Place of employment \_\_\_\_\_ Mobile Number \_\_\_\_\_

Other Parent's home number (if different) \_\_\_\_\_

Date of enrollment of child at Do Re Mi Child Care Centre

\_\_\_\_\_

No of days attending each week: \_\_\_\_\_

No of hours attending each day: \_\_\_\_\_

Both Parents / Guardian Signature:

\_\_\_\_\_  
Name:

\_\_\_\_\_  
Name:

Date \_\_\_\_\_

Please enclose Euro 25.00 application fee (cheque payable to Amor Por Mis Angeles)