



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 50.00 application fee (cheque payable to Amor Por Mis Angeles)