

Enrolment Form - Little Caterpillars

Start Date: _____

Long Program (8.30am to 2.30pm) _____

Short Program (8.30am to 12.30pm) _____

Times per week ___ x2 ___ x3 ___ full week

Students' details

First Name: _____ Surname: _____

Preferred Name: _____ Birth Date: _____

Citizen Card no.: _____ Fiscal no.: _____

Nationality(ies): _____ Home language(s): _____

Home Address:

Parents /Guardian names

Mother: _____ Ph. No. _____

Father: _____ Ph. No. _____

E-mail: _____

Primary care giver (if different from parents): _____

In case of emergency contact: _____

Any relevant health issues? (food restrictions, allergies, medication, hearing or visual impairment, etc.)

I **give / don't give** permission for the BLC to take photos / videos of myself /my child to use on our online social media platforms.

I confirm that I have read and understood the Internal BLC Rules and Regulations.

Signature

