



# Sunshine Guarderia Infantil

TEL: +34 865 75 27 63

OUR REF:	
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## PRE REGISTRATION FORM (Please use block capitals)

### Sunshine Guarderia Infantil

Father/Guardian 1	Surnames:	Forenames:	Title: Mr/Mrs/Miss/Ms/Other
Mother/Guardian 2	Surnames:	Forenames:	Title: Mr/Mrs/Miss/Ms/Other
Home			
Address:			
Email:			
Fathers phone no:	Home:	Work: (Ext)	Mobile:
Mothers phone no:	Home:	Work: (Ext)	Mobile:
Childs			
Name:	Forenames	First Surnames	2 <sup>nd</sup> Surnames
Childs DOB or Expected DOB	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DD                      MM                      YY	Gender:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M                      F                      Not Known (if not born)

Please indicate preferred attendance times. If Shift Please Write Shift across this section

Morning (0900-1300)                      ¾ Day (0900-1530)                      Full Day (0900-1700)

MONDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TUESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEDNESDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
THURSDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIDAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please state drop off time for each day :

Please state pick up time for each day :

Proposed start date:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>		
	DD	MM	YY	<b>SIGNED</b>	Date

If you would like your child to attend the Sunshine Guarderia Infantil. (subject to vacant available spaces) or place him/her on our waiting lists, please return this form along with your registration fee of 50.00 euros. (we will then send confirmation of your booking along with our comprehensive registration forms)

Office use only.

Date pre-reg form received:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	By:
	DD	MM	YY	
Date registration money recieved:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	By:
	DD	MM	YY	
Date registration forms sent:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	By:
	DD	MM	YY	
Date details entered onto computer:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	By:
	DD	MM	YY	