REGISTRATION FORM KITA NOOR

Registration form

Parent or legal guardian 1

Name: .....
First Name: .....
Street : .....
Zip code / city: .....
Nationality: .....
Occupation: .....
Mobile No.: .....
Tel. private: .....
Tel. shop: .....
Emergency No.: .....
E-mail: .....

Parent or guardian 2

Name: .....
First name: .....
Street: .....
Zip Code / City: .....
Nationality: .....
Occupation: .....
Mobile No.: .....
Private phone: .....
Tel. business: .....
Emergency No.: .....
E-mail: .....

IBAN number for the repayment of the deposit: .....
In the name of: .....

Registration for the following child:

Location: ..... (Location)

Name: ..... First name: ..... Date of birth: .....

Childcare days:

Please tick

Monday	Tuesday	Wednesday	Thursday	Friday

Supervision fixed from: ..... (Month & Year)

Place / Date: ...../ .....

Signature of legal guardian 1

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Signature of legal guardian 2

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