 COOPERATIVA LE SOLEIL	MODULO	MOD_20AN Rev. A0 del 15/12/2017
	DATA COLLECTION KINDER GARDEN	

ABOUT CHILD

Name and Surname _____

Age _____

Place of residence _____

Mother's Telephone Number _____

Father's Telephone Number _____

ABOUT PARENTS

FATHER'S NAME AND SURNAME _____

MOTHER'S NAME AND SURNAME _____

Holiday _____

SIBLINGS


Name _____ age _____ his/she at in this baby park yes no

Name _____ age _____ his/she at in this baby park yes no

Name _____ age _____ his/she at in this baby park yes no

PEOPLE WHO CAN COLLECT CHILD

NAME AND SURNAME	Telephone number	NAME AND SURNAME	Telephone number

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USEFUL INFORMATION

Food, liquides Allergies/ intolerances	
Non food Allergies	
Health diseases	
Special requirements	
Sleeping requirements (time and hours)	

Signature

Date _____

PHOTOGRAPHY CONSENT FORM/RELEASE FOR MINOR CHILDREN

- I, _____ Parent of _____
Hereby grant permission to “Le Soleil coop. Soc.” to take and use: photographs, digital images and videos of my child for use in news release and educational materials (also electronic publication or web sites).

AUTHORIZATION TO WALKS/TRIPS

- I, _____ Parent of _____
Hereby grant permission to “Le Soleil coop. Soc.” staff member to take the child for a walk or outside activities.

Signature

Date _____
