



“Home Day Care Services for Infants and Toddlers up to 5 years old”

Application for inclusion in the program for the period: _____

CHILD INFORMATION

A Health Certificate and a Birth Certificate must follow the application.

Full Name _____:

Date of Birth: _____ Sex: Boy: _____ Girl: _____

Child's Condition (possible health problems or any other issues we need to take in consideration)

1. _____

2. _____

3. _____

PARENTS INFORMATION

Mother's Name and Surname: _____

Address: _____

Telephone: _____ e-mail: _____

Father's Name and Surname: _____

Address: _____

Telephone : _____ e-mail: _____

If the parents are divorced or separated please fill \checkmark to what is considered to be true:

1) The Parental responsibility is assigned jointly to both parents and the custody and care of the child is entrusted to the mother / father (underline that apply) *.

2) The parental responsibility, custody and care (full guardianship) of the child is entrusted to the mother / father (underline that apply). Please attach relevant court decree.

I declare that I have read, understand and fully accept the Rules of Operation of the Foundation.

* I also declare that in the case 1) above (joint custody), both parents, we are aware and agree for the child's participation in the program.

I wish to be informed for any other activities of NMMF: Yes No

Name and Surname of Parent who completes the form _____

Signature: _____ Date: _____

For official Use Only:

Inclusion in the Program Date:

End of Participation in the Program date:

Time sheet of Child Care:

ANNEX I - SOCIAL INFORMATION FAMILY CHILD

To verify the data is required to submit relevant certificates / documents.

1. Single Parent Family;	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
---------------------------------	------------	--------------------------	-----------	--------------------------

2. Large family or a family of five;	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Siblings:				
	Name		Age	
•	_____		_____	
•	_____		_____	
•	_____		_____	
•	_____		_____	

3. Both Parents Unemployed;	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
------------------------------------	------------	--------------------------	-----------	--------------------------

	: Copies of Certificates / Documents attached	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Signature _____

Date _____

ANNEX II - RESPONSIBLE STATEMENTS

I, the parent or guardian of the child which participates in the "RAINBOW II-Home day care program for infants and toddlers up to 5 years" implemented by the Nicosia Municipal Multipurpose Centre, hereby declare that I agree to the following (1 & 2):

1. Solemn Declaration - Pick up

The following persons only are allowed to pick up my child from the house of Carer after the end of the program:

NAME-SURNAME	ASSOCIATION WITH THE CHILD
• _____	_____
• _____	_____
• _____	_____

2. Solemn Declaration - Fees

I declare that every first week of the month of provision of day care of my child I will pay the amount of:

100€ for 07:00-1400
100€ for 07:00-16:00
70€ for 14:00-18:00

Signed by Guardian/Parent

Date

Solemn Declaration - Publicity

I, the parent or guardian of the child participating in the program "RAINBOW II-Home day care for infants and toddlers up to 5 years " implemented by the Nicosia Municipal Multifunctional Foundation, hereby declare that I agree / do not agree my child to be photographed or filmed during the making of the program's activities and make use of the material for the diffusion of the program, either at events or for journalistic purposes or for printing brochures.

Agree Do Not Agree

Signed by Guardian/Parent

Date
