

Data: _____ / _____ / _____ Date: jum / day xahar / month sena / year	Numru tar-Registrazzjoni (għall-użu tal-uffiċċju biss) : REG. N <sup>o</sup> (for office use only):
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**FORMOLA TA' REGISTRAZZJONI** Il-Ġenituri / Kustodji għandhom jimlew l-informazzjoni kollha mitluba **B'ITTRI KBAR**.  
**REGISTRATION FORM** Parents / Guardians must complete all requested information in **BLOCK LETTERS**.

Tfal ta' età bejn it-tliet xhur it-tliet snin huma eliġibbli li jattendu ċ-ċentri tagħna. Kif it-tfal jagħlqu t-tliet snin, dawn isiru eliġibbli għall-kindergarten. Darbtejn fis-sena isir id-dhul għall-kindergarten—fl-ewwel ġimgħa ta' Frar u fl-ewwel ġimgħa ta' Ottubru. Tfal li jagħlqu t-tliet snin bejn l-1 ta' Jannar u t-30 ta' April għandhom jibdew jattendu l-kindergarten mad-dhul ta' Frar tal-istess sena. Tfal li jagħlqu tliet snin bejn l-1 ta' Mejju u l-31 ta' Diċembru għandhom jibdew jattendu l-kindergarten mad-dhul ta' Ottubru tal-istess sena.  
 Children aged between 3 months and 3 years are eligible to attend our childcare centres. Once children turn 3 years, they become eligible to kindergarten. There are two kindergarten intakes in a year which occur during the first week of February and first week of October. Children who turn 3 years between 1<sup>st</sup> January and 30<sup>th</sup> April have to make the transition to Kindergarten in the February intake of that year. Children who turn 3 years between 1<sup>st</sup> May and 31<sup>st</sup> December are to move on to Kindergarten in the October intake of that year.

Isem u Kunjom it-Tifel/ Tifla: Child's Name:	Data tat-Twelid tat-Tifel / Tifla: _____ / _____ / _____ Date of Birth of Child: jum / day xahar / month / sena / year
Numru tal-Karta tal-Identità tat-Tifel/Tifla: Child's Identity Card Number:	

Registrazzjoni għal servizz ta' Childcare: (aġżel wieħed minn dawn) Registration for Childcare Services: (choose one of the following)			Żmeraldi Childcare Centre Haż-Żebbug ☎ 25987681 <input type="checkbox"/>
Il-Kuluri Childcare Centre Vittoriosa ☎ 23985119 <input type="checkbox"/>	Il-Bejta Childcare Centre Cospicua ☎ 21807090 <input type="checkbox"/>	Il-Ferrovija Childcare Centre B'Kara ☎ 25985561/2 <input type="checkbox"/>	Ix-Xemx Childcare Centre Qawra ☎ 25986996 <input type="checkbox"/>
Id-Denfil Childcare Centre Siġġiewi ☎ 21432348 <input type="checkbox"/>	Il-Bebbuxu Childcare Centre Sta Venera ☎ 21443855 <input type="checkbox"/>	Il-Merill Childcare Centre Pembroke ☎ 21376644 <input type="checkbox"/>	It-Tgħanniq Childcare Centre Floriana ☎ 25982611/3 <input type="checkbox"/>
Il-Qawsalla Childcare Centre Gżira ☎ 25984560/1 <input type="checkbox"/>	Il-Pespup Childcare Centre Marsa ☎ 2598 7151 <input type="checkbox"/>	Pizzi Pizzi Kanna Childcare Centre Naxxar ☎ 25986820 <input type="checkbox"/>	Is-Sardinella Childcare Centre San Ġwann ☎ 21372851 <input type="checkbox"/>

**Detalji tal-Ġenituri / Kustodji:**  
**Parents' / Guardians' details:**

<b>Ġenitur 1:</b> <b>Parent 1:</b>	N <sup>u</sup> tal-Karta tal-Identità: ID Card N <sup>o</sup> :	<b>Ġenitur 2:</b> <b>Parent 2:</b>	N <sup>u</sup> tal-Karta tal-Identità: ID Card N <sup>o</sup> :
Indirizz: Address:		Indirizz: Address:	
Kodiċi Postali: Postal Code:		Kodiċi Postali: Postal Code:	
Imejl/Email:		Imejl/Email:	
Numru tat-Telefon / Tel. N <sup>o</sup> :		Numru tat-Telefon / Tel. N <sup>o</sup> :	
Numru tal-mowbajl / Mobile N <sup>o</sup> :		Numru tal-mowbajl / Mobile N <sup>o</sup> :	
Impjegata / Employed : Iva / Yes <input type="checkbox"/> Le / No <input type="checkbox"/> Naħdem għal rasi/Self employed: Iva/ Yes <input type="checkbox"/> Le / No <input type="checkbox"/>		Impjegat / Employed : Iva / Yes <input type="checkbox"/> Le / No <input type="checkbox"/> Naħdem għal rasi/Self employed: Iva/ Yes <input type="checkbox"/> Le / No <input type="checkbox"/>	

Għaliex għandek bżonn dan is-servizz? / Why do you need this service?

Min għandu kustodja tat-tifel / tifla? Who has child's custody?	Il-Ġenituri <input type="checkbox"/> Both Parents	L-Omm biss <input type="checkbox"/> Mother only	Il-Missier biss <input type="checkbox"/> Father only
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Xi ħadd ieħor? Someone else  : Min / Who? :

**Jekk it-tifel/tifla ibagħtu minn problemi ta' saħħa, jekk jogħġbok iktbilna liema huma:**  
Please state whether the child has any health issues:

Eplipesija <input type="checkbox"/> Epilepsy	Ekzema <input type="checkbox"/> Eczema	Ażma <input type="checkbox"/> Asthma	Aċċesjonijiet <input type="checkbox"/> Fits
Allergiji tal-ikel <input type="checkbox"/> Food Allergies	Allergiji oħrajn <input type="checkbox"/> Other allergies	Problemi ta' saħħa oħrajn _____ Other health related problems	

Jekk jogħġbok agħti akar dettalji / Please give more details:

**F'każ li ma nkunux nistgħu nsibukom fuq in-numri tat-telefon provduti, jekk jogħġbok, agħti dettalji ta' persuna/i li jista'/tista' tiġi ikkuntattjata. Ehmeż kopja tal-karta tal-identità tal-persuna/i.**  
In case that we cannot contact you on the telephone numbers provided, please give details of one or two people who could be contacted. Attach a copy of the person's ID card.

Isem u Kunjom: Name and Surname:	Isem u Kunjom: Name and Surname:
X'jiġi / x'tiġi mit-tifel / tifla: Relationship to child:	X'jiġi / x'tiġi mit-tifel / tifla: Relationship to child:
Numru tat-Telefon jew Mowbajl: Telephone or Mobile Number:	Numru tat-Telefon jew Mowbajl: Telephone or Mobile Number:

**Finijiet tas-Servizz / Opening Hours**

**Imla l-ġranet fejn għandek bżonn is-servizz:**  
Please fill in the days you require the service

<b>Ġurnata /Day</b> <small>*Dan ma jfissirx li s-servizz jibda fil-ġum indikat. *This does not imply that service provision starts on the indicated date</small>	<b>Iċ-Ċentri huma miftuħin mit-Tnejn sal-Ġimgħa bejn is-7:30am u l-4:00 pm.</b> Childcare centres are open from Monday to Friday between 7:30 am and 4:00 pm.
<b>It-Tnejn Monday</b> <input type="checkbox"/>	Minn: _____ Sa: _____ From: _____ To: _____
<b>It-Tlieta Tuesday</b> <input type="checkbox"/>	Minn: _____ Sa: _____ From: _____ To: _____
<b>L-Erbgħa Wednesday</b> <input type="checkbox"/>	Minn: _____ Sa: _____ From: _____ To: _____
<b>Il-Ħamis Thursday</b> <input type="checkbox"/>	Minn: _____ Sa: _____ From: _____ To: _____
<b>Il-Ġimgħa Friday</b> <input type="checkbox"/>	Minn: _____ Sa: _____ From: _____ To: _____

**Minn meta għandek bżonn is-servizz\*? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**  
When do you need the service\*?: jum /day xahar / month / sena / year

**Sa meta għandek bżonn is-servizz? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**  
Till when do you need the service?: jum /day xahar /month/ sena / year

Jekk tissottometti din l-applikazzjoni ser tkun qed tagħti permess li tingħata l-ewwel għajruna lit-tifel/tifla tegħek minn impjegati kwalifikati f'każ ta' bżonn. Filwaqt li tifhem li ser tkun qed tiġi ikkuntattjata/a fl-iqsar hin possibbli mill-impjegati tagħna f'każ ta' emerġenza li jirrigwardja lit-tifel/tifla, inti qed tagħti l-permess li t-tifel/tifla j/tititied l-isptar jew faċilità oħra ta' emerġenza f'każ li jkun hemm mard serju jew korrimint, fejn l-ambulanza jew membri mill-iskwadra ta' salvataġġ ikunu awtorizzati li jammistraw it-trattamenti neċessarji. Qed tagħti wkoll permess li praktikanti tas-saħħa b'warrant jeżaminaw u jagħtu t-trattamenti mediċi neċessarji waqt emerġenza, lit-tifel/tifla fl-assenza tegħek.

By submitting this application you are giving your permission for the opportune first aid treatment to your child to be administered by qualified staff members. While understanding that you would be contacted by a programme personnel as soon as reasonably possible regarding any emergency involving your child, you are giving your permission for your child to be transported to hospital or any other emergency medical facility in the occurrence of a serious illness or injury, where ambulance or rescue squad members would be authorised to administer all necessary treatments. You are also giving your authorization for warranted health practitioners to examine and provide the necessary emergency medical treatment to your child in your absence.

**Niddikjara li l-informazzjoni mgħotija hija korretta u ninforma lill -FES b'kull tibdil minnufih.**  
**I declare that the above information is correct and will inform FES immediately of any changes.**

**Dokumenti li għandhom jiġu preżentati mal-formola ta' registrazzjoni.**  
Documents to be presented together with the registration form.

Kopja tal-karta tal-identità tal-ġenituri/kustodji A copy of the parents'/guardians' identity card	<input type="checkbox"/>
Ċertifikat tat-twelid tat-tifel/tifla (fejn hu applikabli) Child's birth certificate (where applicable)	<input type="checkbox"/>
Kopja tal-karta tat-tilqim tat-tifel/tifla Copy of the child's immunization card	<input type="checkbox"/>
Kopja tal-karta tal-identità ta' kull persuna awtorizzata li tiġbor it-tifel/tifla. A copy of the Identity card/s of authorized person/s to pick up the child.	<input type="checkbox"/>
P3 Statementing of Benefits	<input type="checkbox"/>
L-aħħar (3) pay-slips tal-ġenitur/kustodju eligibbli li qed jaħdem jew jistudja; jew l-aħħar 'tax return' u notifika mid-Dipartiment tat-Taxxi Interni (jekk taħdem għal rasek). Last (3) pay-slips of the eligible parent/guardian who is in work or pursuing studies; or the most recent tax return and relevant acknowledgement from the Inland Revenue Department (in case of self employed).	<input type="checkbox"/>
Dikjarazzjoni minn min iħaddem/dwar il-ġenituri/kustodji jew i stituzzjoni edukattiva f'każ ta' studju; jew dikjarazzjoni f'każ li taħdem għal rasek: Skeda fissa: Medja ta' sigħat fil-ġimgħa li taħdem u numru ta' ġranet ta' xogħol fil-ġimgħa. Skeda flessibbli: Medja ta' sigħat li taħdem fix-xahar u numru ta' ġranet ta' xogħol fix-xahar. A declaration from the Employer of both the eligible parent/guardian and where applicable the 2nd parent/guardian who is already in employment or in education: Fixed Schedule: Average number of weekly working hours and the number of days per week. Flexible Schedule: Average number of monthly working hours and number of days of work per month.	<input type="checkbox"/>
FES and agencies/partners collaborating with the FES, may, from time to time, take photos/videos of the children attending the centre to be shared publicly and to promote the service. As required by the Data Protection Act, if you would NOT like to give permission for your child to appear in photos/videos on presentations, social or other media or promotional material, kindly tick this box.	<input type="checkbox"/>
L-FES u kollaboraturi oħra, jistgħu, minn żmien għal żmien, jieħdu ritratti/ videos tat-tfal li jattendu ċ-ċentru sabiex jixxerjawhom b'mod pubbliku u jippromwovu s-servizz. Kif inhu mitlub mill-Att tal-Protezzjoni tad-Data, jekk MA TRIDX tagħti l-permess sabiex it-tifel/tifla jidher f'dawn ir-ritratti/videos waqt presentazzjonijiet, media soċjali, jew mezz oħra u materjal promozzjonali, ittikkja din il-kaxxa.	<input type="checkbox"/>

**GĦALL-UŻU TAL-UFFIĊĠU BISS**

Data tar-Registrazzjoni fiċ-Ċentru

Ammont ta' kontribuzzjoni fix-xhar:

Xejn 

€

Data ta' meta l-Kordinatur taċ-Ċentru  
ltaqa' mal-Ġenituri / Kustodji.

Data ta' meta beda s-servizz:

Data ta' meta spiċċa s-servizz u għaliex:

Firma tal-Koordinatur:

**Informazzjoni oħra li l-Fondazzjoni tista' tiġi bżonn:**