

CHILD CARD

NAME OF CHILD: _____

DATE OF BIRTH: _____

ADDRESS: _____

HEALTH INSURANCE COMPANY: _____

INFORMATION ON CHILD'S HEALTH:

NAMES OF PARENTS:

MOTHER: _____ MOBILE PHONE: _____ IDENTITY CARD: _____

WORKPLACE (address, phone):

EMPLOYEE OF TUL – NO - YES*

FATHER: _____ MOBILE PHONE: _____ IDENTITY CARD: _____

WORKPLACE (address, phone):

EMPLOYEE OF TUL – NO - YES*

OTHER PEOPLE ENTITLED TO COLLECT THE CHILD:

NAME: _____ RELATIONSHIP: _____ TEL.: _____ IDENTITY CARD: _____

NAME: _____ RELATIONSHIP: _____ TEL.: _____ IDENTITY CARD: _____

NAME: _____ RELATIONSHIP: _____ TEL.: _____ IDENTITY CARD: _____

DATE: _____ PARENTAL SIGNATURE: _____

*DELETE AS APPLICABLE

*IDENTITY CARD NUMBERS ARE USED ONLY FOR INTERNAL IDENTIFICATION OF THE PERSON COLLECTING THE CHILD IF S/HE IS UNKNOWN TO THE DAYCARE STAFF MEMBER.