



YOUNG STAR ENGLISH DAY CARE CENTER

REGISTRATION FORM

(Please complete in BLOCK CAPITALS or type)

CHILD: First name: _____ Last name: _____

Date of Birth-Social. No: _____

Languages: _____

Address: _____

Tel: _____ Fax: _____

E-mail: _____

Personal notes: _____

Brothers/Sisters (Name, Age): _____

Starting day: _____

MOTHER Name: _____

Social No: _____

Nationality: _____

Workplace: _____

Occupation: _____

Tel Day: _____

(Continued overleaf)

FATHER Name: _____

Social No: _____

Nationality: _____

Workplace: _____

Occupation: _____

Tel Day: _____

SESSIONS REQUIRED

- Full day: _____
- Half day: _____
- Other: _____

How did you hear about the ENGLISH DAY CARE CENTER?

**We have read the prospectus and we accept the conditions of entry.
We enclose the fees required.**

Date: _____

Signature of parents (Mother) _____

(Father) _____

YOUNG STAR English Day Care Center

Starinic Oy

Leikosaarentie 24 00980 HELSINKI

Tel/Fax: 09 - 328 0101 ,GSM: 040-5651535

starinic@ys2000.com

www.ys2000.com