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Registration Form

Child's Name and Surname: _____

Child's ID Card Number: _____

Child's Date of Birth: _____

Gender: Male Female

Address: _____

Email: _____

Name of Parent/Guardian: _____

ID Number of Parent/Guardian: _____

Contact number of Parent/Guardian: _____

Authorised Pick- up Person: _____

Authorised Pick- up Person ID Card : _____

Any Related Allergies: _____

Scheme type : Free Childcare Scheme Private Scheme

Hours/Days Per week: _____

Registration fee:

Kids' Ark Representative Parent/Guardian Date

Please note that registration fees are non-refundable.