



A STUDENT INFORMATION					
Last Name(s)		First Name	Date of birth (dd/mm/yyyy)	Place of birth (city/country)	Nationality
Home Address (street, number, apartment)			Postal Code	City	Country
Number of brothers	Place among brothers	Gender M/F	National ID/Passport	Dates & Schedule	
				<input type="checkbox"/> 9:00-13:00 <input type="checkbox"/> 9:00-17:00 <input type="checkbox"/> 7:30-9:00 <input type="checkbox"/> 17:00-19:00	<input type="checkbox"/> Casual care (day/days) <hr/> <input type="checkbox"/> Casual lunch (day/days)
B FATHER INFORMATION					
Last Name(s)		First Name	Date of birth (dd/mm/yyyy)	Place of birth (city/country)	Nationality
Home Address (street, number, apartment)			Postal Code	City	Country
Phone Number +()		Email Address		Work Phone Number +()	Profession
CNP/Passport		Company Name & Address (street name, number, postal code, city, country)			Financial responsible (yes/no)
C MOTHER INFORMATION					
Last Name(s)		First Name	Date of birth (dd/mm/yyyy)	Place of birth (city/country)	Nationality
Home Address (street, number, apartment)			Postal Code	City	Country
Phone Number +()		Email Address		Work Phone Number +()	Profession
CNP / Passport		Company Name & Address (street name, number, postal code, city, country)			Financial responsible (yes/no)
D FINANCIAL RESPONSIBLE (if different from mother or father)					
Last Name(s)		First Name	Date of birth (dd/mm/yyyy)	Place of birth (city/country)	Nationality
Home Address (street, number, apartment)			Postal Code	City	Country
Phone Number +()		Email Address		Work Phone Number +()	Profession
CNP/Passport		Company Name & Address (street name, number, postal code, city, country)			
E CONTACT IN CASE OF EMERGENCY (two persons in addition to the parents must be identified)					
Last Name(s)		First Name	Relation with the student	Phone 1	Phone 2
Last Name(s)		First Name	Relation with the student	Phone 1	Phone 2

F AUTHORIZATION TO PICK UP THE STUDENT (besides the parents)				
Last Name(s)	First Name	Relation with the student	Phone 1	Phone 2
Last Name(s)	First Name	Relation with the student	Phone 1	Phone 2
Last Name(s)	First Name	Relation with the student	Phone 1	Phone 2

G STUDENT MEDICAL INFORMATION (please identify if the student has one or more of the following conditions)			
ALLERGY/SEASONAL ALLERGY	YES/NO	DETAILS	
ASTMA	YES/NO	INHALER YES/NO	
CELIAC DISEASE	YES/NO	DETAILS	
SEIZURES	YES/NO	DETAILS	
DIABETES	YES/NO	DETAILS	
ATTENTION/LEARNING DIFFICULTIES (dixlexia, TDAH)	YES/NO	DETAILS	DOCUMENTATION: - -
FREQUENT HEADACHES OR MIGRAINES	YES/NO	DETAILS	
FOOD ISSUES/SPECIAL DIET	YES/NO	DETAILS	
DENTAL PROBLEMS (braces, etc.)	YES/NO	DETAILS	
FREQUENT COLDS (ear or throat infections)	YES/NO	DETAILS	
OTHER			

H STUDENT VOICE AND IMAGE AUTHORIZATION	
PICTURES	YES/NO
VOICE RECORDING	YES/NO
VOICE AND IMAGE RECORDING	YES/NO
PUBLICATIONS (email, social media, newsletters, magazines)	YES/NO

I SIGNATURE

Therefore, the parties, understanding the economic and practical importance of this contract, as well as the rules described, the terms and conditions attached hereto, sign it in duplicate and to a single effect at the place and on the date indicated.

FATHER'S SIGNATURE Bucharest (dd/mm/yyyy)	MOTHER'S SIGNATURE Bucharest (dd/mm/yyyy)	REGISTRY OF ENTRANCE
FIRST AND LAST NAME	FIRST AND LAST NAME	
SIGNATURE.....	SIGNATURE.....	