Registration form at the Nursing Station in Kinonikis Merimnas Ag. Omologiton

	Tel.: 22451740 - 2245	1741 Fax: 226	80188 email: som.agionomologiton@hotmail.com
1.	Name of child	:	
2.	Date of birth		
3.	Name of father		
4.	Name of mother		
5.	Father job		
6.	Mother job		
7.	Working hours	father:	mother:
8.	Address		
9.	Home telephone	·	
10.	Mobile phone	father	mother:
11.	Total number of children in	the family :	
12. Are both parents living YES / NO			
13. In case the parents are divorced, please fill in the name of the parent to whom the custody of the child			
	has been assigned:		(Attach relevant documents)
14.	There are special reasons	why the child	must be accepted at the Station (brother of our Station's
	institutions, resident of the	area, large far	nily, Welfare Office supervision, political refugee, parent in
	prison)	• • • • • • • • • • • • • • • • • • • •	. , , , , , , , , , , , , , , , , , , ,

15.	15. Are there any special reasons (e.g. health reasons) concerning the child that the kindergarten teache		
	or nanny should be aware o	f?	
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16. Total monthly gross family income? (attach relevant documents)			
	Father:		Mother:
17. Does the family pay rent for housing? YES / NO How much:			
18. Does the family own a home? YES / NO Where:			
19. Mark with an X the time you are interested in your child to come:			
	a. Morning 7:00 – 1:30 p.m.	*********************	
	b. Afternoon 7:00 – 3:45 p.m		
	c. All day 7:00 - 5:30 p.m	************	
Along with the application, please attach, in addition to the relevant documents we request, a birth			
certificate (copy) ,a doctor's certificate, and salary certificate of the parents.			
In the afternoon only the children of working parents have priority to stay. No concessions will be made to			
anyone. The hours announced will be valid for the entire new school year.			
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Date:	***************************************	*******	Parent signature: