



Registration Form

WAKITA Bergheimstrasse 22 8032 Zürich 044 421 12 13 info@wakita.ch www.wakita.ch

1. CHILD PROFILE

Last Name, First Name _____

Birthdate _____

Mother Tongue _____

Pediatrician (Name, Telephone Nr.) _____

Insurance Company _____

Vaccinations _____

Allergies
(use backside if necessary) _____

2. CONTACT INFORMATION

Address _____

Telephone Number (Home) _____

First/Last Name/Occupation of Mother _____

Cell Phone/Tel. (Work) of Mother _____

E-Mail Address _____

First/Last Name/Occupation of Father _____

Cell Phone/Tel. (Work) of Father _____

E-Mail Address _____

Emergency Contact (Name, Phone) _____

Siblings (Name, Birthdate) _____

3. DAY CARE COVERAGE

Preferred Days and Times* _____

Preferred Starting Date _____

Comments _____

* Daycare services provided as follows: 7:00 a.m. – 6:00 p.m. / 7:00 a.m. – 2:00 p.m. / 2:00 p.m. – 6:00 p.m.
Required minimal attendance: 2 full days or 3 half days in the woods.

We have read the registration form and are in agreement with its contents.

Date, Place _____

Signature _____

Please send to:
WAKITA
Bergheimstrasse 22
8032 Zürich