



**COMUNE DI PESCATO
CENTRO PRIMA INFANZIA
"IL BELL'ANATROCCOLO"**



REGISTRATION FORM

Name and Surname (*Parent/Legal Guardian*) _____
Born in _____ Date of birth _____ Address _____

City _____
Country _____
C. F. _____ Phone/Cell. _____
E- mail _____

IS ASKING

To sign my son _____
Starting from (*date*) _____ Born in _____ Date of birth _____
C.F. _____

at the Early Childhood Center **"IL BELL'ANATROCCOLO"** in Pescate for the school year

The days of attendance will be confirmed by the structure.

It UNDERTAKES to pay each month's fee:

for residents in Pescate: € 193,00 turn 5 days

for non-residents: € 220,00 turn 5 days

The insurance fee is placed in charge of the Town of Pescate.

The payment of the fee must be made PORTALE PAGOPA

It UNDERTAKES to comply with the Regulations, of which he has read.

Date

Parent's/Legal Guardian's Signature

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