



CHILDCARE REGISTRATION FORM

(Cost: Euro 12,00 per hour, per child vat 22% included)

Please use capital letter only

Family name _____ First name _____

Address _____

ZIP code _____ City _____ Country _____

Telephone _____ Email _____

For citizen of EU countries only:

VAT NUMBER _____ or Fiscal code _____

Invoice details (if different from above):

Family name _____ First name _____

Address _____ City _____ ZIP code _____

Country _____ Email _____

VAT NUMBER _____ or Fiscal code _____

Please reserve:

Language: () English () French () Italian () Spanish

Day: _____ from _____ to _____ Total hrs: _____

Day: _____ from _____ to _____ Total hrs: _____

Day: _____ from _____ to _____ Total hrs: _____

Day: _____ from _____ to _____ Total hrs: _____

Grandtotal hours: _____ x **Euro 12,00 (vat included)** Total cost: Euro _____

To be charge on the following credit card:

() American Express () VISA () Eurocard/Mastercard

Credit card no. _____

Expiration date (mm/yy) _____ security code _____

Card holders' name _____

Date _____

Signature _____