



St Edward's College  
Malta

Year 1 and Year 2

## CHILD COLLECTION FORM

Child's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

The following adults are authorised to collect our child and to give information to the Early Years team regarding the collection of our child.

Parents' Name, Surname and Contact Numbers:

Parent: \_\_\_\_\_

Parent: \_\_\_\_\_

Tel: \_\_\_\_\_

Tel: \_\_\_\_\_

ID: \_\_\_\_\_

ID: \_\_\_\_\_

Cont/-



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Malta**

Others:

1. Name: \_\_\_\_\_

Telephone Number: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Relationship to family (if any): \_\_\_\_\_

I.D Card number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Telephone Number: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Relationship to family (if any): \_\_\_\_\_

I.D Card number: \_\_\_\_\_

3. Name: \_\_\_\_\_

Telephone Number: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Relationship to family (if any): \_\_\_\_\_

I.D Card number: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Signature