



St Edward's College
Malta

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: _____
Tel: _____
ID: _____

Parent: _____
Tel: _____
ID: _____

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
