

## APPLICATION FORM OUT OF SCHOOL CARE

Child 1. Details	Surname
	Forename(s)
	<input type="checkbox"/> Male <span style="margin-left: 200px;"><input type="checkbox"/> Female</span>
	BSN number (personal ID number)
	Date of Birth (day-month-year)

Child 2. Details	Surname
	Forename(s)
	<input type="checkbox"/> Male <span style="margin-left: 200px;"><input type="checkbox"/> Female</span>
	BSN number (personal ID number)
	Date of Birth (day-month-year)
Language spoken	

Parents/Guardian Details	Surname
	Forename(s)
	Address
	Town and postcode
	Home phone number <span style="margin-left: 150px;">E-mail</span>
	Mobile phone number
	Work phone number
	Nationality <span style="margin-left: 150px;">Country of origin</span>
	Language spoken

Desired Care	Out of school care
	<input type="checkbox"/> Monday <span style="margin-left: 150px;"><input type="checkbox"/> Tuesday</span>
	<input type="checkbox"/> Wednesday <span style="margin-left: 100px;"><input type="checkbox"/> Thursday</span> <span style="margin-left: 100px;"><input type="checkbox"/> Friday</span>
	<input type="checkbox"/> Holiday care

Signature	I acknowledge that the information given on this form is accurate.
	Date: <span style="margin-left: 200px;">Signature:</span>

**Please sent this form (without a stamp) to:**

Kinderopvang Skar BV  
 Antwoordnummer 1767  
 6800 VR Arnhem