

APPLICATION FORM PRESCHOOL

Child 1. Details	Surname
	Forename(s)
	<input type="checkbox"/> Male <input type="checkbox"/> Female
	BSN number (personal ID number)
	Date of Birth (day-month-year)
	Languages spoken

Child 2. Details	Surname
	Forename(s)
	<input type="checkbox"/> Male <input type="checkbox"/> Female
	BSN number (personal ID number)
	Date of Birth (day-month-year)
	Languages spoken

Parents/Guardian Details	Surname
	Forename(s)
	Address
	Town and postcode
	BSN number (personal ID number)
	Home phone number <input type="text"/> E-mail <input type="text"/>
	Mobile phone number <input type="text"/>
	Work phone number <input type="text"/>
	Nationality <input type="text"/> Country of origin <input type="text"/>
	Languages spoken

Program	Rivers Preschool opening hours are from 8:30h till 12:15h
	Please choose which programm your child wants to follow:
	<input type="checkbox"/> A) 5 days a week
	<input type="checkbox"/> B) 3 days a week (Monday- Wednesday- Fridaymorning)
	<input type="checkbox"/> C) 2 days a week (Tuesday- Thursdaymorning)

Signature	I acknowledge that the information given on this form is accurate.
	Date: <input type="text"/> Signature: <input type="text"/>