

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	
	Home phone number	E-mail
	Mobile phone number	
	Work phone number	
	Nationality	Country of origin
	Languages spoken	

Signature	I acknowledge that the information given on this form is accurate.	
	Date:	Signature:

Please sent this form (without a stamp) to:

Kinderopvang Skar BV
 Antwoordnummer 1767
 6800 VR Arnhem