



KINDERGARTEN APPLICATION

Please write clearly in BLOCK LETTERS

Child's details						
Full name	<input type="checkbox"/> Girl <input type="checkbox"/> Boy	Number of birth (11 digits)				
Address	Postal code	Place/town				
Nationality	1st language					
Parent/legal guardian details						
Mother's full name		Number of birth (11 digits)				
Address	Postal code	Place/town				
Place of employment/school	Work phone	Home phone	Cell phone			
E-mail address:						
Father's full name		Number of birth (11 digits)				
Address	Postal code	Place/town				
Place of employment/school	Work phone	Home phone	Cell phone			
Kindergarten preferences						
1st	2nd	3rd				
Size of weekly stay	<input type="checkbox"/> 100%	<input type="checkbox"/> 80%	<input type="checkbox"/> 70%	<input type="checkbox"/> 60%	<input type="checkbox"/> 50%	<input type="checkbox"/> 40%
Startup preference (date)						
Additional information						
Place	Date	Signature (payer's name)				