



Preschool change of registration form.

Desired situation	Please provide the information below to indicate the desired situation.
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Changes	<input type="checkbox"/> Change of periods (parts of a day) <input type="checkbox"/> Change of address <input type="checkbox"/> Termination (notice period of 1 month, also in the case of reducing of hours)
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General information	Name child
	Date of birth
	Address
	Postal Code and City
	Care location
	Effective date
	Reason for change

Existing situation*	Monday <input type="checkbox"/> morning <input type="checkbox"/> afternoon
	Tuesday <input type="checkbox"/> morning <input type="checkbox"/> afternoon
	Wednesday <input type="checkbox"/> morning <input type="checkbox"/> afternoon
	Thursday <input type="checkbox"/> morning <input type="checkbox"/> afternoon
	Friday <input type="checkbox"/> morning <input type="checkbox"/> afternoon

New situation*	Monday <input type="checkbox"/> morning <input type="checkbox"/> afternoon
	Tuesday <input type="checkbox"/> morning <input type="checkbox"/> afternoon
	Wednesday <input type="checkbox"/> morning <input type="checkbox"/> afternoon
	Thursday <input type="checkbox"/> morning <input type="checkbox"/> afternoon
	Friday <input type="checkbox"/> morning <input type="checkbox"/> afternoon

Information Skar	You can send this form (without a stamp) to: Skar BV Antwoordnummer 1767 6800 VR Arnhem For more information: www.skar.nl Telephone: 0900 - 23 57 527
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Signature parents/ guardians	Date: _____ Signature: _____
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Watch them grow at Korein

* Please tick where appropriate