

## Preschool registration form.

□ Mr □ Ms

Information parent(s)/

guardian(s) 1

| Initial(s)   | Prefix(es)   |         |
|--|--|---------|
| Last name  | Date of birth  |         |
| Address  |  |         |
| Postal Code  | City   |         |
| Telephone number   | Email  |         |
| Are you employed? □Yes □No   |  |         |
| Citizen Service Number (BSN)   | IBAN number  |         |
|  |  |         |
| □ Mr □ Ms  |  |         |
| Initial(s)   | Prefix(es)   |         |
| Last name  | Date of birth  |         |
| Does the partner live at the same address as parent/guardian 1?   Yes   No  If not, please complete the address information for the partner below. |  |         |
|  |  | Address |
| Postal Code  | City   |         |
|  | Last name  Address  Postal Code  Telephone number  Are you employed? |         |

! If both parents don't have a job you need to enclose proof of income when applying for preschool. An annual statement of income or a monthly payslip. Or proof that you have no income. Please check <a href="https://www.belastingdienst.nl">www.belastingdienst.nl</a> for more information. Please send a copy of your Gelrepas.





|                                 | Telephone number   | Email                                       |  |
|---------------------------------|--|---|--|
| !                               | Are you employed? □Yes □No   |   |  |
|                                 | Citizen Service Number (BSN)   | IBAN number                                 |  |
|                                 |  |   |  |
| Details child                   | First name   |   |  |
|                                 | Last name  |   |  |
|                                 | Citizen Service Number (BSN)   |   |  |
|                                 | Date of birth  | Sex Girl/Boy*                               |  |
|                                 | Nationality  Does this child have a sibling who has been placed with us? □ Yes □ No  |   |  |
|                                 |  |   |  |
|                                 | Comments, if any   |   |  |
|                                 |  |   |  |
| Locations                       | First choice location:   |   |  |
|                                 | Second choice location:  Request placement starting on:  |   |  |
|                                 |  |   |  |
|                                 | Preschool services are offered on the basis of 40 weeks per year.  The periods (parts of days) and daily programs vary by location.  For more information, please visit our website www.skar.nl/en and the location-specific |   |  |
|                                 |  |   |  |
|                                 | page.  | tte www.skar.myerrana the location-specific |  |
| Signature parents/<br>guardians | I hereby confirm that I have completed this application truthfully.  |   |  |
|                                 | Date:  | Signature:                                  |  |
|                                 |  |   |  |
|                                 |  |   |  |

\* Please delete where applicable.

You can email this form to klantcontact@skar.nl or send it by regular mail (without a stamp) to:

Skar BV Antwoordnummer 1767 6800 VR ARNHEM

