



Preschool registration form.

Information parent(s)/ guardian(s) 1	<input type="checkbox"/> Mr <input type="checkbox"/> Ms	
	Initial(s)	Prefix(es)
	Last name	Date of birth
Address		
	Postal Code	City
	Telephone number	Email
! Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Citizen Service Number (BSN)	IBAN number

Partner	<input type="checkbox"/> Mr <input type="checkbox"/> Ms	
	Initial(s)	Prefix(es)
	Last name	Date of birth
Does the partner live at the same address as parent/guardian 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please complete the address information for the partner below.		
Address		
	Postal Code	City

! 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 www.belastingdienst.nl for more information.



Telephone number	Email
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Comments, if any	

Locations	First choice location: _____
	Second choice location: _____
	Request placement starting on: _____
	<p>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.</p>

Signature parents/ guardians	I hereby confirm that I have completed this application truthfully.
	<div>Date: _____</div> <div>Signature: _____</div>

* 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

