



Application Form

Details of child

First name and surname _____ boy/girl
Date of birth _____ - _____ - _____

Details of mother (guardian)

First name and surname _____
Occupation/profession _____
Nationality and language _____

Details of father (guardian)

First name and surname _____
Occupation/profession _____
Nationality and language _____

Home address of child

Street name and number _____
Postcode and City _____
Home phone number _____ - _____
Extra nr. mother _____ - _____ (in particular, cell phone or business phone
Extra nr. father _____ - _____ numbers during play group hours)
E-mail address _____

Marital status, names of brothers and sisters

Hobbies and/or qualities and/or network, that you want to share with us

Mother (guardian) _____
Father (guardian) _____

Special details (you may add more during the intake interview)

Things we need to know in regard to having your child in our care:
Home situation _____
Allergies _____
General health-development-adjustment _____
Childcare elsewhere _____

Application for dreumesgroep (2 to 2½ years) and/or peutergroep (2½ to 4 years)

- 'dreumesgroep' Wednesday (Christoffeltje)
 'peutergroep' Monday/Thursday
 'peutergroep' Tuesday/Friday
 'peutergroep' Wednesday (Catrijntje & Catootje)
 'peutergroep' preference _____

Preferred location

- Christoffeltje
 Catrijntje
 Catootje (NEW)
 No preference

Signature

Send this Application Form together with the Authorization Form to the address as stated above.
Please also complete the back of this form.

Name parent/guardian: _____ Signature _____

This information will be stored in a database. The data will be used to inform you and other parents only.
Name and address distributed only in case of emergency within your child's group

[Will attend the 'kleuterklas' given by: _____ (name of school/teacher – to be filled in by our tutor)]



Care Form

Details of child

First name and surname _____

In case of illness or emergency please contact:

1) First name and surname _____

Telephone number(s) _____

Relation to child _____

2) First name and surname _____

Telephone number(s) _____

Relation to child _____

In case of an urgent hospital intake:

Identification number (BSN) _____

Health insurance name and number _____

Doctor - GP

Name _____

Address, City _____

Telephone number(s) _____

Health centre

Nurse practitioner _____

Telephone number(s) _____

(if there are problems we may have to contact the nurse about your child, but only after consulting you and with your permission)

Medical history

Relevant information _____

Current treatment _____

(if necessary add documents) _____

Vaccinations

Name and date _____

(according to special programme) _____

excluded vaccinations _____

Extra information

(please provide details during the interview)

Date form filled in

Please inform us of any important changes. New care forms are available at the 'speelzaal'.

Important notice : our teachers try to speak Dutch with the child as much as possible because this is important if he or she is to continue schooling in the Netherlands.