

APPLICATION FORM

CHILDCARE 2SAMEN

First parent/caretaker:

Name / Initials	Mr/ Mrs/Miss/Ms
Address	
Postal code/ Place	
Telephone numbers	Private/Work/Mobile
E-mail address	
Date of birth	
BSN number *	
Name employer	Telephone

Second parent/caretaker:

Name / Initials	Mr/ Mrs/Miss/Ms
Address	
Postal code/ Place	
Telephone numbers	Private/Work/Mobile
E-mail address	
Date of birth	
BSN number *	
Name employer	Telephone

Child:

Family name	Sex (if known already)
Name	
Date of birth (approximate)	
BSN number *	

* Citizen Service Number

Do you follow the National Immunisation Programme:

Yes/No

Remarks:

Preference for the following childcare centre:

(maximum of three preferences or 'no preference')

First preference	Second preference	Third preference

Sort of childcare: *

	Monday	Tuesday	Wednesday	Thursday	Friday
Full day care					
After school care (also in the Dutch school holidays)					
Before school care **					
Extended opening hours starting at 7.00 h **					
Extended opening hours ending at 18.30 h **					
Playgroups					
Preschool (at 2Ruiters)					

Please tick the box(es) of your choice

* Your child needs to stay at our childcare centre for at least 2 days a week. If you want your child to stay less than 2 days a week, please contact us to see what we can do.

** IMPORTANT: This option is not available at all centres and it does not apply to subsidized places! If you have a subsidized place and you still want to use this option, we have to charge you extra for this.

When do you wish to start to make use of our childcare:

Do you already have children who stay at one of our centres?

Yes

No

If your child needs special care because of his/her health or other special circumstances, please note it here:

Which school does your child attend? (obligatory if you want after school care, because we need to pick up your child from school):

Reason for subscribing (obligatory if you want a subsidized place):

- | | |
|---|--|
| <input type="checkbox"/> Single working parent | <input type="checkbox"/> Both parents are working |
| <input type="checkbox"/> Following a course | <input type="checkbox"/> Social-medical advice (doctor's attest obligatory) |

Where did you hear of 2Samen?

- | | | |
|---|---|---|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Employer | <input type="checkbox"/> Leaflet |
| <input type="checkbox"/> Telephone guide | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Poster |
| <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> School | <input type="checkbox"/> Personal recommendation |
| <input type="checkbox"/> Municipal Guide | <input type="checkbox"/> Other | |

Please fill out this form and send it to planning@2samen.nl

Within 2 weeks after receiving the form, we send you a written affirmation.
If you do not receive it, please call our Admissions Department on 070-3385500.