**CHILD**

|  |  |
| --- | --- |
| **Surname:** |  |
| **First names:** |  |
| **Preferred name:** |  |
| **Date of birth:** | Day Month Year |
| **Nationality:** |  |
| **Home language(s):** |  |
| **Street:** |  |
| **Postal code:** |  |
| **Town:** |  |

**DOLPHIN OR PENGUIN CLASS**

|  |  |
| --- | --- |
| **Preference of days:** |  |

**PANDA OR ZEBRA CLASS**

|  |  |
| --- | --- |
| **Preference of before and/or after school.** |  |

**PARENT/ GUARDIAN 1**

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship to the child:** |  |
| **Phone number:** |  |
| **E-mail:** |  |

***EMPLOYER’S DETAILS***

|  |  |
| --- | --- |
| **Company name:** |  |
| **Occupation:** |  |
| **Street:** |  |
| **Postal code:** |  |
| **Town:** |  |
| **Phone number:** |  |

**PARENT/ GUARDIAN 2**

|  |  |
| --- | --- |
| **Name:** |  |
| **Relationship to the child:** |  |
| **Phone number:** |  |
| **E-mail:** |  |

***EMPLOYER’S DETAILS***

|  |  |
| --- | --- |
| **Company name:** |  |
| **Occupation:** |  |
| **Street:** |  |
| **Postal code:** |  |
| **Town:** |  |
| **Phone number:** |  |

**MEDICAL INFORMATION**

|  |  |
| --- | --- |
| **Doctor:** |  |
| **Phone number:** |  |
| **Insurance:** |  |
| **Vaccination:** |  |
| **Allergies:** |  |
| **Medicine:** |  |
| **Chronicillness:** |  |

**LOCATION APPLIED FOR**

* **Verhulststraat** - Bilingual daycare for children aged 8 months till 4 years old.
* **Luykenstraat** - Bilingual daycare and Primary school for children aged 8 months till 12 years old.

If your child attended another school or daycare before Little Universe School, please enclose any relevant school records.

Any other remarks: