

### APPLICATION FOR DAY CARE

- Day care  
 Family day care  
 Group family day care

Name of recipient/Stamp

Application filing date

<b>Child's personal data</b>	Family name and first names		Personal identification number	
	Street address, postal code and post office		Phone number	
	What language does the child speak best <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other, what?			
<b>Persons living with the child</b>	<b>Mother</b> or guardian or father's spouse or partner, family and first name		<b>Father</b> or guardian or mother's spouse or partner, family and first name	
	Personal identification number		Personal identification number	
	<input type="checkbox"/> Employed, profession or function  <input type="checkbox"/> Student <input type="checkbox"/> At home Employer/place of study, address and phone number		<input type="checkbox"/> Employed, profession or function  <input type="checkbox"/> Student <input type="checkbox"/> At home Employer/place of study, address and phone number	
	E-mail address		E-mail address	
<b>Other children under 18 years of age</b>	Name and date of birth		Child's current place of care/We have applied to (name of place)	
<b>What is your preferred form/place of day care?</b>	Primary form and place of day care			
	Secondary form and place of day care			
<b>Need for day care</b>	Desired start date of day care	<input type="checkbox"/> Full day care	Daily care time (indicate hours)	<input type="checkbox"/> The need for care is irregular, see further explanations
		<input type="checkbox"/> Partial day care		<input type="checkbox"/> There is need for care in the evenings, at night or weekends, see further explanations
<b>Child's health</b>	Allergy or medication			
<b>The child's special needs of support</b>	A specialist doctor's or other expert's opinion Aid devices, medication and other issues to be considered			<input type="checkbox"/> Attachments <input type="checkbox"/> Will be sent later
<b>Further explanations</b>	For example, irregular need for care in the evenings, at night or weekends, or other additional details <input type="checkbox"/> Attached			
<b>Signature</b>	I certify that the information is correct			
	Date	Parent's or guardian's signature and name clarification		