



# Registration form

Registration date:

**Preferred type of care**

- early and late care (05.30 - 07.00)
- permanent care (07.00 - 18.00)
- flexible care
- tailor-made childcare
- BSO care

**Parental data** : Mother Father

Name : .....

Date of birth : .....

Nationality : .....

BSN number : .....

Married/unmarried : .....

Address : .....

Zip code : .....

Home Town : .....

Phone : .....

Mobile number : .....

Email Address : .....

**Aankruisen wat van toepassing is:**

- Parent (mother) works at company/institution.....
- Parent (father) works at company/institution.....
- parent studies .....

The municipality contributes to the cost of child care Yes/No\*  
 Do you also have liability insurance for Individuals? (AVP) Yes/No\*  
 Would you also like to take a seat on the parent committee? Yes/No

**\*Please enclose a copy of the policy schedule**



**Child(ren) details for childcare center Kraakeel**

If your child has not yet been born please enter "baby" and the approximate birth date.

**Child 1**

Name : .....

Date of birth : .....

School : .....

BSN number : .....

**Child 2**

Name : .....

Date of birth : .....

School : .....

BSN number : .....

**Child 3**

Name : .....

Date of birth : .....

School : .....

BSN number : .....

**Child 4**

Name : .....

Date of birth : .....

School : .....

BSN number : .....

**Desired shelter**

Desired effective date Kinderopvang Kraakeel: .....2022/2023



Kinderopvang

**KRAAKEEL**

kleinschalige kinderopvang



**Care days and times**

Please fill in the table below with the days and times when childcare is required.

	1 <sup>st</sup> child		2 <sup>nd</sup> child		3 <sup>rd</sup> child	
	From - to	From - to	From - to	From - to	From - to	From - to
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Estimated number of hours of child care needed on an annual basis with child 1: .....hours

Estimated number of hours of child care needed on an annual basis with child 2: .....hours

Estimated number of hours of child care needed on an annual basis with child 3: .....hours

**Signing**

Home Town : .....

Date : .....2022/2023

Signature parent : .....

: mrs./dhr. ....(name)

**You can also send this registration form to:**

Kinderopvang Kraakeel, t.a.v. Miranda van den Berg, Hollandscheveldse Opgaande 59, 7913 VB

Hollandscheveld, email: info@kinderopvangkraakeel.nl

