



The Placement Service
Nyropsgade 7, 1. Floor
1602 København V

Application for admittance to nursery, kindergarten and day care

Mother's Civil registration number:

Father's Civil registration number:

Fill in one application form per child

Use CAPITALS

Full name of the child:	Civil registration number:
-------------------------	----------------------------

Nusery/Day Care: (Max. two wishes - day care counts as a wish)

Siblings in the institution

	Name of the institution	Address(If you want day care - write the part of the city)	Tick here
Wish			
Wish			

_____ (filling-in obligatory)
date

Kindergarten - guiding institution wishes:

Siblings in the institution

			Tick here
Wish			
Wish			
Wish			

Applicant:

Name of the mother:	Private phone number:	Mobile:
Address:		
Name of the father:	Private phone number:	Mobile:
Address:		
Does your child suffer from chronic diseases, hereditary disabilities or other conditions that have to be taken into consideration; if so, which?		

Date: _____ Signature (mother/father) _____