

**APPLICATION FORM: THREE LITTLE SHIPS INTERNATIONAL PRESCHOOL**

|                               |       |                                 |                                 |
|-------------------------------|-------|---------------------------------|---------------------------------|
| <b>First parent/caretaker</b> |       | <input type="checkbox"/> Father | <input type="checkbox"/> Mother |
| First names:                  |       |                                 |                                 |
| Surname:                      |       |                                 |                                 |
| Date of birth:                |       | Nationality:                    |                                 |
| Address:                      |       |                                 |                                 |
| Postcode and town:            |       |                                 |                                 |
| Home telephone:               | Work: | Mobile:                         |                                 |
| Email address:                |       |                                 |                                 |
| Country and place of birth:   |       |                                 |                                 |
| Name of employer:             |       |                                 |                                 |
| Address of employer:          |       |                                 |                                 |
| Telephone number of employer: |       |                                 |                                 |

|                                |       |                                 |                                 |
|--------------------------------|-------|---------------------------------|---------------------------------|
| <b>Second parent/caretaker</b> |       | <input type="checkbox"/> Father | <input type="checkbox"/> Mother |
| First names:                   |       |                                 |                                 |
| Surname:                       |       |                                 |                                 |
| Date of birth:                 |       | Nationality:                    |                                 |
| Address:                       |       |                                 |                                 |
| Postcode and town:             |       |                                 |                                 |
| Home telephone:                | Work: | Mobile:                         |                                 |
| Email address:                 |       |                                 |                                 |
| Country and place of birth:    |       |                                 |                                 |
| Name of employer:              |       |                                 |                                 |
| Address of employer:           |       |                                 |                                 |
| Telephone number of employer:  |       |                                 |                                 |

|                                |  |                               |                                 |
|--------------------------------|--|-------------------------------|---------------------------------|
| <b>Name of child</b>           |  | <input type="checkbox"/> male | <input type="checkbox"/> female |
| First Names:                   |  |                               |                                 |
| Surname:                       |  |                               |                                 |
| Date of birth (dd/mm/yyyy):    |  | Nationality:                  |                                 |
| Country and place of birth:    |  |                               |                                 |
| BSN number:                    |  |                               |                                 |
| Languages spoken at home:      |  |                               |                                 |
| Does your child speak English? |  | yes / no                      |                                 |

| <b>Siblings</b> |       |                |       |
|-----------------|-------|----------------|-------|
| 1.              | Name: | Date of birth: | M / F |
| 2.              | Name: | Date of birth: | M / F |
| 3.              | Name: | Date of birth: | M / F |
| 4.              | Name: | Date of birth: | M / F |

|  |     |                          |     |
|--|-----|--------------------------|-----|
| <b>Additional Information</b>  |     |                          |     |
| How long are you planning to stay in The Netherlands?                    |     |                          |     |
| For which school year would you like your child to attend the preschool? |     |                          |     |
| Which school is your child going to attend after this school year?       |     |                          |     |
| Do you have children who attend a local international school?            | yes | no                       |     |
| If yes, which school?  |     |                          |     |
| Does your child have a (religious) diet?                                 | yes | no                       |     |
| Details:   |     |                          |     |
| Does your child have any special medical needs?                          | yes | no                       |     |
| Details:   |     |                          |     |
| Is your child toilet-trained?  | no  | started but not reliable | yes |

|   |           |
|---|-----------|
| <b>Financial arrangements</b>   |           |
| The monthly costs from August 2018 will be € 750,00. Payment is required for 10 months for the academic year 2017-2018. |           |
| I will pay monthly:   | yes    no |
| Or I will pay the annual fee in one instalment on signing the school contract:  | yes    no |

|  |
|--|
| <b>Signature:</b>                        |
| <br><br><br><br><br><br><br><br><br><br> |
| <b>Date:</b>                             |

Please return this form to the address listed at the bottom of this form.  
 Within 2 weeks after receiving the form, we will send you written acknowledgement of your application.  
 More information? Please call 070-33 55 698