

APPLICATION FORM: THREE LITTLE SHIPS INTERNATIONAL PRESCHOOL

| First parent/caretaker | | Father 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: | | |
| | | |
| Second parent/caretaker | | Father 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: | | |
| | | |
| Name of child | | male 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 |



| Siblings | | | | |
|----------|-------|----------------|-----|--|
| 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 | |

| Additional Information | | | | | | |
|--|-----|-----|--|--|--|--|
| 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 | | | | |

| Financial arrangements |
|--|
| The monthly costs from September 2019 will be € 825,00. Payment is required for 10 months for the academic year. |
| I will pay monthly: yes no |
| Or I will pay the annual fee in one instalment on signing the school contract: yes no |

| Signature: | | | |
|------------|--|--|--|
| | | | |
| | | | |
| Date: | | | |

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