



### REGISTRATION FORM FOR NURSERY FROM 3 YEARS OF AGE.

Child's Name: _____		
Christian/First name	Surname	Personal Number
Nationality: _____		Home language: _____
Home address: _____		
_____		Home Tel. No.: _____
Stadsdelsnämnd: (if home address in Gothenburg): _____		
Father's name: _____		Work Tel.No.: _____
Occupation: _____		
Mother's name: _____		Work Tel No.: _____
Occupation: _____		
Has your child attended Nursery School before? _____		
Has your child been toilet trained? _____		
Name and ages of brothers and sisters:		
_____		
_____		
The Nursery is open from 7.30 until 17.30		Fee: "Maxtaxa"
State the hours you wish your child to attend:- From _____ to _____		
( All Day Care is only available for children whose parents are employed or studying.)		

Parent's Signature..... Date.....