



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:
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**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) \_\_\_\_\_