

## **Application for Childcare**

All information on this paper will be registered in Helsingborgs commune computer system and will be used for administrative purposes. All information in this system is public. If you want to have more information about how your personal details will be used, or if you want these details to be changed, please inform us in writing.

Helsingborg Stad, Skol- och fritidsförvaltningen 251.89 Helsingborg

Heisingborg Stad	, Skoi- och i	ritiasi	orvaitning	gen, 251 8	sy Heis	singborg			
Child's name				Personal number					
Parental Contact	t			•					
Mother, last name, first name				Personal number					
Street Address				Mobile Number					
Postal code	City			Alternative Telephone					
Place of Employment				Email address					
Father, last name, first name				Personal number					
Street Address (if different from above)				Mobile telephone					
Place of Employment				Alternative telephone					
				Email Address					
Married Partner, v				Partner, without legal parental obligation				Single	
Other children in	n the family	- Mai	rk legal p	arental o	bligati	on with	an X	<b>K</b>	
Name Personal nur					Mothe		Father		
Childcare									
From (date)	hours per we	eek	Child ca	re sch	edule				
(0000)		Total amount of I		nours per we	JOH.			icaare	
						☐ Mon	– Fri	irregular irregular	
Other Information	on								
Child's mother Mother's			Mother's mother		Father's Nationality			Father's mother	
tongue language	Nationality		tongue language				J	tongue language	
Information about allergies, handicaps, etc.									

Complete this application within 4 months before you wish to start childcare. Use one form per child. Return this form to the

**Signature** Date

school. You will receive confirmation of the application as soon as we have registered it.