

Sign up form
Daycare The Basis



		Data parent 1		Data parent 2	
Last name and initials					
Address					
Postal code and residence					
Phone number home					
Phone number work					
Phone number mobile					
E-mailaddress					
Data child					
Last name					
First name					
Birth date					
boy/ girl/unknown				BSN:	
preference *	0 Half day care	0 Daycare	0 vso	0 bso	0 Holiday care
required days *		Morning		Afternoon	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
*0 No specific preference in day parts wanted (usage of minimum _____ Day parts)					
Start date wanted:					
Remarks:					

* cross preference

Date:	
Signature:	

Send to: Kinderopvang de basis Zeelandsedijk 10B 5408 SM Volkel
Website: www.kinderopvangdebasis.nl
For questions: 0413-322995 or info@kinderopvangdebasis.nl