



Send to:
Förskolan Äventyret
Danska vägen 64
521 37 Falköping

APPLICATION
Date

NOTE! One form per child

Parent/Guardian

First name	Surname	Social security number
Employer: Name		Telephone (including area code)
First name	Surname	Social security number
Employer: Name		Telephone (including area code)

Delivery address (street, box etc)		Daytime telephone (including area code)
Postal code	Postal town	Evening telephone (including area code)
Email address		

Child

The child's surname and given name	Social security number
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Time of placement

Placement required from date (including enrollment period)	Estimated need for care (hours/week)
Other children in the family (year of birth)	

Native language

Is another language than Swedish spoken in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please specify language
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Other information

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The above information will be processed in accordance with GDPR

Signature

Signature	Signature
Name clarification	Name clarification