



CHILDRENS GARDEN INTERNATIONAL PRESCHOOL

Childs information

Photo of child

Requested entrance date: _____

First Name: _____

Surname Name: _____

Date of birth: _____ CPR: _____

Gender: Girl Boy

Nationality: _____ Native language: _____

Ability to speak English: Good Moderate No knowledge

Mothers information

First Name: _____

Surname: _____

CPR: _____

Address: _____

Home Tel: _____

Mobile: _____

Work Tel: _____

Email: _____

Profession: _____

Name and address of employer:

Fathers information

First Name: _____

Surname: _____

CPR: _____

Address: _____

Home Tel: _____

Mobile: _____

Work Tel: _____

Email: _____

Profession: _____

Name and address of employer:

Children's Garden International Preschool is not obliged to provide a place for your child on the basis of this application form. The above application form is only a reservation request for the above applicant. Acceptance of the applicant to Children's Garden International Preschool can only be considered valid upon receiving a written confirmation from Children's Gardens Administrative director, Marie Eriline Larvid.

Legal Parent/ Guardian: _____ Date: _____