



This information is to be submitted to the Admissions Office with an application form to provide a basis for the pedagogical planning of activities at *After School Programme*, as well as to ensure up-to-date contact information of caregivers. Please keep the staff informed of any changes.

Basic Information

Name of child:	Personal Number: YYYYM M D D - X X X				
	Class:				
Name of parent:	Daytime phone number:				
	Email:				
Name of parent:	Daytime phone number:				
	Email:				
Other caregiver:	Daytime phone number:				
	Email:				

Attendance Timetable

Monday		Tuesday		Wednesday		Thursday		Friday	
Drop off	Pick up	Drop off	Pick up	Drop off	Pick up	Drop off	Pick up	Drop off	Pick up

Extra Information

Allergies/illnesses:
Dietary restrictions:
Photo restrictions:
Additional information:
Extra caregiver picking up student:

Proposal starting date: ______ (two weeks after handing in the document) For office use only.

Start Date:

Approved:

Parent's signature

Parent's signature

Invoice Address Box 5 22100, Lund