



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