



Application form for out-of-school care

Father's surname + initial(s) :

Mother's surname + initial(s) :

Child's surname :

Child's given name : boy/girl*

Date of birth :

Social security number (bsn) :(can be found on your insurance card)

Address :

Town/city and postcode :

Telephone number :

Mobile telephone number :

E-mail address :

Do any of your children currently have a place at one of our children's centres? yes/no*

If yes: name of child :

 name of children's centre :

Application relates to :(name of child)

Required start date for place :

Your child's primary school :

Does your child require any additional care or specific support? yes/no

If yes, what form does this care take? :

Does your child have a personal budget? :

Please choose from the following care options:

1. Regular out-of-school care, fixed afternoons/days, including school holidays

1st choice	<i>afternoon</i>	2nd choice	<i>afternoon</i>
Monday		Monday	
Tuesday		Tuesday	
Wednesday		Wednesday	
Thursday		Thursday	
Friday		Friday	

*Cross out the answers that do not apply



2. Flexible out-of-school care (ONLY during term time, variable afternoons)

Application relates to:

..... (name of child)

Required number of afternoons (minimum of 2 and maximum of 4 afternoons):

.....

3. Out-of-school holiday care (ONLY during school holidays)

Application relates to:

..... (name of child)

Required number of days per year:

It is also possible to combine options 2. and 3.

Please return this form to:

Bink Hilversum bv, Postbus 1064, 1200 BB Hilversum. Telephone number +31 (0)35 628 58 79.