



## Registration form for International Playgroup

### Child's details

Child's first name: \_\_\_\_\_ O boy O girl\*  
 Child's surname: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ age: \_\_\_\_\_  
 Social security number (bsn): \_\_\_\_\_  
 Nationality/languages: \_\_\_\_\_  
 Brother(s)/sister(s): \_\_\_\_\_

### Family details

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Town/city + postcode: \_\_\_\_\_ Town/city + postcode: \_\_\_\_\_  
 Social security number (bsn): \_\_\_\_\_ Social security number (bsn): \_\_\_\_\_  
 Nationality/languages: \_\_\_\_\_ Nationality/languages: \_\_\_\_\_  
 Home telephone number: \_\_\_\_\_ Home telephone number: \_\_\_\_\_  
 Mobile telephone number: \_\_\_\_\_ Mobile telephone number: \_\_\_\_\_  
 Work telephone number: \_\_\_\_\_ Work telephone number: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Marital status:  
 Single       Married       Non-marital union

**Required start date for playgroup:** ..... (from 2 years)

Required combination of days

First choice	Second choice	Third choice
<input type="checkbox"/> Monday*	<input type="checkbox"/> Monday*	<input type="checkbox"/> Monday*
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Thursday
<input type="checkbox"/> Friday	<input type="checkbox"/> Friday	<input type="checkbox"/> Friday

**\*please mark with a cross**

**I hereby authorise Bink to deduct the monthly fee for the International Playgroup from my bank account.**

Name of bank and bank account number

\_\_\_\_\_

In the name of \_\_\_\_\_

Date

Parent's signature

\_\_\_\_\_

\_\_\_\_\_

*Please return this form to:*

Stichting Bink peuterspeelzalen, Postbus 1064, 1200 BB Hilversum.

Telephone number +31 (0)35 628 5879