



**Application for a place in preschool, educational care or after-school recreation centre (do not send in more than 10 months before the place is wanted)**

**Personal details**

Child's first name	Child's family name	Civic registration number
Street address		Telephone
Post code	Village/town/city	

If it is for a new place, put a cross in the box. Child's current place .....

**Wishes for a place**

Preschool, 1-5 years old  Educational care  After school centre  After school club

Alternative 1	Alternative 2
Place wanted from (incl. induction)	Hours per week (average)
Child left earliest	Child fetched latest

Sibling has place at

Child's **mother tongue** is not **Swedish**; it is  
(other language used as the **daily language** at home)

Has previously had a place but finished due to parents' leave for care of newborn child

**Guardian 1**

First name	Family name	Civic registration number
Address (if different from above)	Workplace/school	Telephone daytime
E-mail		

**Guardian 2**

First name	Family name	Civic registration number
Address (if different from above)	Workplace/school	Telephone daytime

If you do not live with the child's mother or father:  
**Do you have shared custody?**  Yes  No

*Other information (allergies, place with sibling etc.)*


Date

\_\_\_\_\_  
*Signature, guardian 1*

\_\_\_\_\_  
*Signature, guardian 2*

**Send the application to:**

Vara kommun, Bildningsförvaltningen, 534 81 VARA