Bærum kommune – Kindergarten application form

Application form updated: 07-10-2019

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Information about child | | | |  | | |  | | |  | | |
| Date of birth /DD/MM/YY | | | | First name, middle name | | |  | | | Surname | | |
| Address | | | | Postal code | | |  | | | City | | |
|   Girl Boy | | | |  | | | Language | | |  | | |
| Information about parents/guardians | | | |  | | | |  | |  | | |
| Does the child have two parents   Yes  No | | | |  | | | |  | |  | | |
| Civil status  Married | | | |  | | | |  Cohabitation | |  | | |
|  Other partner than child’s mother/father | | | |  | | | |  Single | |  | | |
| Parent/guardian 1 | | | |  | | | |  | |  | | |
| Date of birth/DD/MM/YY | | | | First name | | | |  | | Surname | | |
| Address | | | | Postal code | | | |  | | City | | |
| Female Male  | | | | Mobile phone | | | |  | | Work phone | | |
| Email | | | |  | | | |  | |  | | |
| Parent/guardian 2 | | | |  | | | |  | |  | | |
| Date of birth/DD/MM/YY | | | | First name | | | |  | | Surname | | |
| Different address than child, if applicable | | | | Postal code | | | |  | | City | | |
| Female Male  | | | | Mobile phone | | | |  | | Work phone | | |
| Email | | | |  | | | |  | |  | | |
| Preferred kindergartens | |  | | |  | | | |  | | |  |
| 1) | | 2) | | | 3) | | | | 4) | | | 5) |
| Preferred hours of attendance | | | | | | | | | | | | |
| 41-47 hours oer week | |  | | |  | | | | |  | | |
| Preferred startup date | | | | | | | | | | | | |
| Preferred startup date | | | | | | | | | | | | |

Bærum kommune - Søknad om barnehageplass - side 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If prioritised place is applicable – cross off | | | | |
| Priority code 10 and 20 apply to all kindergartens, the remaining only apply to municipal kindergartens | | | | |
|  10 Child with disabilities | | | | |
|  20 Preventive child protection | | | | |
| Only applies to municipal kindergartens: | | | | |
|  30 Single provider | | | | |
|  40 Children in families with serious long-term illness | | | | |
|  51 Participant in the introduction programme | | | | |
| Newly dated documentation is to be attached or sent by post. | | | | |
|  60 Sibling priority, state name, year of birth and which municipal kindergarten the sibling(s) attends | | | | |
| Sibling(s) | |  | |  |
| Name | | Year of birth | | Municipal kindergarten |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
| Documentation | | | | |
| Without documentation the application will not consider the prioritised criteria. Find more information on our website:  [www.baerum.kommune.no/barnehager](http://www.baerum.kommune.no/barnehager) | | | | |
| Signature | | |  | |
| Place | | | Date | |
| Signature | | | | |

Application with required documentation is to be sent to: Bærum kommune, Barnehagekontoret, 1304 Sandvika

Bærum kommune - Søknad om barnehageplass - side 2