



TEKNIK & SERVICE
BARNOMSORGSADMINISTRATIONEN

753 75 Uppsala

Telephone exchange: 018-727 00 00

**REQUEST FOR PLACE IN
PRE-SCHOOL, FAMILY DAY-CARE HOME
AND MULTI-FAMILY DAY NURSERY**

One application per child

Child's pers. id. no. _____ Address _____
Child's given name(s) _____ Postcode _____
Child's family name _____ Postal address _____

REQUEST FOR Pre-school Family day-care home Multi-family day nursery Change

Request place as of (date) _____

If change – state current placement _____

Language spoken at home (always fill in) _____

Custodian

Custodian

Pers. id. no. _____
Given name(s) _____
Family name _____
Address _____
Postcode/Postal address _____
Telephone, private _____
Mobile _____
E-mail address _____
Employer/school _____
Telephone employer/school _____

Seeking employment on date of need for place Yes No Yes No

On parental leave for younger sibling on date of need for place Yes No Yes No

PERIOD OF NEED FOR CARE MONDAY- FRIDAY

Child dropped off (earliest time) _____ Max. 20 hours/week Over 20 up to 25 hours/week

Child picked up (latest time) _____ Over 25 up to 35 hours/week Over 35 hours/week

PLACEMENT REQUEST, rank names of pre-school/family day-care home/multi-family day nursery

1 _____ 3 _____
2 _____ 4 _____

Siblings already placed _____

Other particulars _____

CUSTODIAN(S) Parents jointly Father Mother Other

Custodian's signature

If the child has two custodians, both must sign this Request regardless of whether or not they are living together.

DATE _____ SIGNATURE _____

DATE _____ SIGNATURE _____