

# Application form



Child Care Organization Meppel

De Kampen 2a  
7943 HE Meppel

Telephone: (0522) 475 608  
Email: [info@KOOMeppel.nl](mailto:info@KOOMeppel.nl)  
Internet: [www.KOOMeppel.nl](http://www.KOOMeppel.nl)

KvK number: 71121609  
IBAN: NL41RABO0147627109

Date of receipt: (to be completed by administration)

## Information Child

First name	
Second name(s)	
Surname	
(Expected) Date of birth	
Gender	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Social security number	
Street and house number	
Zip code and city	
School / Group (if applicable)	

## Information Parent / Guardian 1

Initials, surname	<input type="checkbox"/> Sir <input type="checkbox"/> Madam
First name	
Date of birth	
Street and house number	
Zip code and city	
Social security number	
Phone number home / mobile	
Family doctor / phone number	
Email	
Phone number employer	
Employer / occupation	

## Information Parent / Guardian 2

Initials, surname	<input type="checkbox"/> Sir <input type="checkbox"/> Madam
First name	
Date of birth	
Street and house number	
Zip code and city	
Social security number	
Phone number home / mobile	
Family doctor / phone number	
Email	
Phone number employer	
Employer / occupation	

Information Invoice	
Email for receiving invoice	
Bank account number	
Ascription bank account number	
Manner of payment	<input type="checkbox"/> PAD <input type="checkbox"/> Bank transfer
If you choose PAD (preauthorized debit) you give KOO Meppel authorization for the monthly withdrawal of the costs of daycare. The PAD will be executed about the 21st of the month prior to the month concerning. If you do not agree with the withdrawal you have the right, for eight weeks, to order your bank to reverse the PAD.	Autograph for PAD:

Information Care	
Starting date:	
Location:	<input type="checkbox"/> KDV Het Kinderkasteel (Oosterboer) <input type="checkbox"/> KC De Plataan (Center)

Daycare *)					
	morning	afternoon		Package:	
Monday	<input type="checkbox"/>	<input type="checkbox"/>		Year	<input type="checkbox"/> (daycare during 52 weeks per year)
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>		School weeks	<input type="checkbox"/> (daycare during 40 weeks per year)
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>		Optimal	<input type="checkbox"/> (daycare during 48 weeks per year)
Thursday	<input type="checkbox"/>	<input type="checkbox"/>			
Friday	<input type="checkbox"/>	<input type="checkbox"/>		*) a minimum of two dayparts is required	

Before or After School Care						
BSO	Before School	After School				
Monday	<input type="checkbox"/>	<input type="checkbox"/>				
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>				
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>				
Thursday	<input type="checkbox"/>	<input type="checkbox"/>				
Friday	<input type="checkbox"/>	<input type="checkbox"/>				

Kindergarten (morning 8:30 – 12:30 hour) <span style="float: right;">*) a minimum of two dayparts is required</span>			
Location KC De Plataan *)		Location KDV Het Kinderkasteel *)	
Monday morning	<input type="checkbox"/>	Monday morning	<input type="checkbox"/>
Tuesday morning	<input type="checkbox"/>	Tuesday morning	<input type="checkbox"/>
Wednesday morning	<input type="checkbox"/>	Wednesday morning	<input type="checkbox"/>
Thursday morning	<input type="checkbox"/>	Thursday morning	<input type="checkbox"/>
Friday morning	<input type="checkbox"/>	Friday morning	<input type="checkbox"/>

Signed for agreement:

City/Date .....

Parent / Guardian 1

Parent / Guardian 2