

# Application Form

<b>Location</b>	Daycare 0-4	Daycare 0-4	After school 4+	Daycare 0-4	Daycare 0-3
	Herenstraat	Zeemanlaan		Rijnsburgerweg	American School of the Hague

## Child Info

Name					
Last name					
Nationality	Language: 1.		2.		
Birthday	Boy/ Girl				
BSN number					
School					Group:

## Parents Info

	Mom	Dad
Name		
Last name		
Street + Nr		
Post code, City		
Mobile		
Work		
Emergency		
Email		
BSN number		

## Requested Days + Start Date

Monday	Tuesday	Wednesday	Thursday	Friday

Day	_____	Month	_____	Year	20__
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Date:	Signature :

# Permissions Form

Name Child	
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## Photo's en video's

Hereby I grant permission to Teddy Kids to make and use photos internally. For all external use we will first request your permission. At any time you can request any photo to be removed if you deem it so necessary.

## Permission to go Outside

Hereby I give permission to Teddy Kids to go out with the children in the city for ages 4+  
 \* For children below the age of 4 Teddy Kids will always ask for permission.  
 \* For all trip outside of the City we will always ask for your permission.

## Allergies+Medical Conditions

Teddy Kids will do its best to follow the parents instruction in treating an allergy or medical condition, however I understand that Teddy Kids is not a certified medical institution and is not equipped nor able to handle any medical conditions. In an emergency event the teachers are always instructed to call the ambulance and the parent in order to receive instructions on how to proceed. I understand that I take full responsibility when leaving my child at the daycare and will not hold Teddy Kids responsible for medically related incidents.

1)	2)
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Medication	
How to use:	<ul style="list-style-type: none"> <li>* </li> <li>* </li> <li>* </li> <li>* </li> </ul>

## Permission for Products

Herby I give permission to Teddy Kids to administer paracetamol to my child in case of a fever above 39 degrees.  
 \* Teddy Kids will always first try to contact you. Incase we are unable to contact you or anyone on the pick up list, only then will be paracetamol be administered.

I hereby give permission to use suncream factor 30.

I hereby give permission to use creme's or lotions if required, for example during a diaper change.

I hereby give permission for the above mentioned:

Date		Signed + Name Parent	
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## Pick Up List

Name Child	
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It can happen that you are unable to pick up your child(ren) and you might want someone else to do so. Please fill in the list below to avoid any miscommunication. We also ask you to always notify us in the morning in case a different person will be picking up your child(ren).

	Name	Last Name	Relations to Child	Telephone
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Remakrs	
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**Hereby I give the above mentioned people permission to pick up my child(ren).**

Date		Signed:	
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## Automatic SEPA withdrawal

Name Child	
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Last name account holder	
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Initials account holder	
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Email	
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Telephone number	
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Street + house Nr	
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Post code + city	
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Country	
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IBAN Account Nr	
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Hereby I give Teddy Kids (Incassoid SEPA: NL84ZZZ273810360000) permission to withdraw the monthly fee from the above mentioned account. If you dont agree with this withdrawl you can ask your bank to book the amount back with in 8 weeks. Ask your bank for the details.

The amount may be withdrawn around the 24<sup>th</sup> of the Month.

Date:	
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Signed:	
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