

The Clown Club – Application for Admission

Johan de Wittstraat 33

2242 LA Wassenaar

tel: 070-5140981 fax: 070-5114685 e-mail: TheClownClub@wxs.nl

Family Information:

Child's name: (last, first) _____ sex: m / f

Date of birth: (day/month/year) _____

Home address: _____

Postcode & city: _____

Telephone number: _____

Name mother: _____ tel.work: _____ other: _____

Name father: _____ tel.work: _____ other: _____

E-mail address: _____

Nationality of child: _____

of mother: _____ of father: _____

Language(s) spoken at home: _____

Brothers/sisters (name, age, sex): _____

Desired child care:

Please fill in the date you would like your child care to begin. Date: _____

Please indicate your desired child care schedule by circling the days you would prefer your child to attend.

Monday Tuesday Wednesday Thursday Friday

If my child is accepted, I agree to abide by the Clown Club policies as written in the information booklet.

Date, name and signature of the person requesting childcare: _____ Date: _____

Name: _____ Signature: _____