

Please send completed application to the Child and Education Committee (see address below).

Note: one application per child.

## Child

Child's full name	Civic registration number	
Street address	Home phone	Mobile phone

## Guardian

Mother/Wife/Cohabitant, name	Civic registration number	
Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Email address	
Street address	Postal address	
Employer/School	Work phone	Mobile phone
Father/Husband/Cohabitant, name	Civic registration number	
Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No	Email address	
Street address	Postal address	
Employer/School	Work phone	Mobile phone
Civil status <input type="checkbox"/> Married <input type="checkbox"/> Cohabitant <input type="checkbox"/> Reg. partnership <input type="checkbox"/> Single		

## Placement

Placement required from	Evening/night/weekend care required ( <i>confirmation from employer required</i> ) <input type="checkbox"/> Yes
	Preferred preschool
Alternative 1	
Alternative 2	
Alternative 3	
Sibling with current placement (name preschool):	Language:
Common preschool for children 3-5 years old, 15 hours/week during the semester <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other relevant information:	

## Signature

Location and date	
Signature guardian	Name guardian

## To be filled in by the Child and Education Committee

Date received	Staff signature
Processed by	

### Information regarding processing of your personal data

Your personal data will be processed according to the City of Lund regulations of personal data processing. More information about this: [www.lund.se/gdpr](http://www.lund.se/gdpr).

**Responsible for your personal data:** Child and Education Committee in the City of Lund.