

- Registration (1-6 years)

 Municipally-run
 Independently-run
 Shared placement (the child has two places)
 Place in another municipality
 To be sent to Förskolekontoret at the earliest when the child is 6 months old

Place requested from (date)	Other mother tongue than Swedish
Child/children	
Full name	Personal identity number
Full name	Personal identity number
Legal guardian 1	I
Full name	Personal identity number
Street adress	Telephone number
Postad code and area	E-mail
Employer/school or college	Work telephone number
Legal guardian 2 or spouse Live-in partn	ner registered at the same adress
Full name	Personal identity number
Street adress	Telephone number
Postad code and area	E-mail
Employer/shhool or college	Work telephone number
Civil status	I
Married Living toge	Single



	at the date of requested placement). Personal identity number
Toll Harrie	Telsorial definity nomber
Full name	Personal identity number
Desired placement Preescho	ool/ Educational care
1st choice	
2nd choice	
3rd choice	
4th choice	
	n legal guardians wish to combine two different forms of care. Please state which two aced in and the number of hours at each place per week, on average.
Placement 2	
Reason for shared placement	
laint accide de c	
Joint custody If you don't live with the child's biologics	al mother or father do you have joint custody?
Yes No	
Alternate residence	
Does the child live alternately with the g queue, offer of placement, cancellation custody. Yes No	guardians? If yes: How much time does the child spend with each guardian? Certificate of n of placement and other information will be sent to both parents in the case of joint
The information you provide and possibl	ly information from the population registration authority, will be entered into a database to for queue and debiting charges. The data will be processed in accordance with GDPR.
Signature of legal guardian	
Place and Date	With my signature I certify that I have read "The regulations for preschools and educational care in Uddevalla municipality" Guardians signature
Registration form to be sent to:	Förskolekontoret, Rådhuset Trädgårdsgatan 2, 451 81 Uddevalla Telephone: 0522-696000, forskolan@uddevalla.se