



REGISTRATION (1-6 years)

- Municipally-run
- Independently-run
- Shared placement (the child has two places)
- Place in another municipality

**To be sent to Förskolekontoret Rådhuset
at the earliest when the child is 6 months old.**

| | | |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------|
| | Place requested from (date) | |
| Place sought due to | Work/studies | <input type="checkbox"/> |
| | Unemployment (15 hours/week) | <input type="checkbox"/> |
| | Parental leave (15 hours/week) | <input type="checkbox"/> |
| | General preschool (from 3 years, 15 hours/week) | <input type="checkbox"/> |
| The child/children | Name | Personal identity number |
| | Name | Personal identity number |
| Other mother tongue | Other mother tongue than Sweden. Which? | |
| Legal guardian 1 | Name | Personal identity number |
| | Street address | Home telephone number |
| | Postal code and area | |
| | E-mail address and/or mobile phone number | |
| | Employer/school or college | Work telephone number |
| Legal guardian 2 or spouse Live-in partner registered at same address | Name | Personal identity number |
| | E-mail address and/or mobile phone number | |
| | Employer/school or college | Work telephone number |
| Civil status | <input type="checkbox"/> Married <input type="checkbox"/> Living together <input type="checkbox"/> Single | |
| Other children | Other children in the household, who have a place at the desired preschool/educational care at the date of placement | |
| | Name | Personal identity number |
| | Name | Personal identity number |
| Other information | | |

Please turn over

| | | |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Desired Placement: Preschool/ Educational care | 1st choice | |
| | 2nd choice | |
| | 3rd choice | |
| | 4th choice | |
| SHARED PLACEMENT | Shared placement can be granted when legal guardians wish to combine two different forms of care. Please state which two enterprises you wish to have your child placed in and the number of hours at each place per week, on average | |
| Placement 1 | State name of preschool/educational care for each placement | Number of hours/week |
| Placement 2 | State name of preschool/educational care for each placement | Number of hours/week |
| Reasons for shared placement | Reasons for shared placement: | |
| Working hours/study hours (times that care is needed) | Care needs daytime (approx. 06.30 – 18.30) <input type="checkbox"/> Care needs evenings/weekends <input type="checkbox"/> (not offered by all enterprises) | |
| Joint custody | If you do not live with the child's biological mother or father: Do you have joint custody? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered yes, please provide information below regarding the other parent: | |
| | Name | Personal identity number |
| | Street address | Home telephone number |
| | Postal code and area | |
| Alternate residence | Does the child live alternately with the guardians? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: How much time does the child spend with each guardian? | |

Certificate of queue, offer of placement, desire for transfer, cancellation of place and other information will be sent to both parents in the case of joint custody.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| The information you provide and possibly information from the population registration authority, will be entered into a database to enable the municipality to use the data for queues and debiting charges. The data will be processed in accordance with the Swedish Personal Data Act. | | |
| With my signature I certify that I have read the regulations for preschools and educational care in Uddevalla municipality ("Förskola och pedagogisk omsorg"). | | |
| Signature of legal guardian | Place and date | Guardian's signature |
| Registration form to be sent to | Förskolekontoret, Rådhuset, Trädgårdsgatan 2, 451 81 Uddevalla Telephone: 0522-69 60 00 forskolan@uddevalla.se | |