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**APPLY FOR ADMISSION TO AURORA FOUNDATION’S**

 **KINDERGARTENS: BALDERSHAGE, REGNBUEN and SLUPPEN**

**Send this application form by E-mail to:** **bjorg@aurorastiftelsen.no**

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| --- | --- |
| Child’s name  | Write your priority 1-3 Baldershage Regnbuen Sluppen |
| Year of birth | Sex Girl Boy | Place wishes from (date)  | The child’s mother tongue |
| Siblings name if they have place in one of Aurora foundation’s kindergartens |
| Parent/Guardian’s name | Address |
| E-mail | Phone number |
| Parent/Guardian’s name | Address |
| E-mail | Phone-number |
| **Information about parent, guardian’s or grandparent’s work at SINTEF**  |
| Parent’s, guardian’s or grandparent’s name | Employer | Job | Period date and year, from-to |
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|  |  |  |  |
|  |  |  |  |
| Information about the child and/or the family (disease, allergy, disability etc.). If required use a separate sheet. |
| I/we declare that this information is correct and will immediately notify if some of the information changes. Incorrect information may result in loss of the place in the kindergarten. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |