



**All fields in this form are mandatory. The Department of Education shall be informed immediately of any changes to the information provided below.**

Child's name	Date of birth	Child currently in	
		Childcare	After school centre
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Custodian name		Date of birth	
Custodian 2/partner name		Date of birth	
Address (street, number)		Postal code, town/city	
Custodian employer		Custodian 2/partner employer	
Telephone number at home	Custodian telephone number at work	Custodian 2/partner telephone number at work	Date of application

Income declaration	Custodian	Custodian 2/partner
Monthly income before tax		
Taxable allowance or benefit from social insurance or unemployment insurance fund		
Monthly income from pension or life annuity		
Other income		
Combined monthly income		
Information valid from (date)		

Signature	Clarification of signature (name in block letters)
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### Department of Education's notes

Information valid from (date)	Monthly fee
Älmhult, date	