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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**](mailto:bjorg@aurorastiftelsen.no)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |