



Application form for the After School Aardvark

CHILD:

- Child's name:
- Birthday:
- Address:
- School and grade when joining:
- Languages spoken:

PARENTS:

- Mum's name:
- Mum's phone and E-Mail:
- Mum's address:

- Dad's name:
- Dad's phone and E-Mail:
- Dad's address

- What attracts you and your family to the After School Aardvark? Any experience with parents' initiatives?

- Do you want to get onto our waiting list? Yes / No

I am aware that the personal data I have given in this form are transferred, processed, stored and used to get in contact with me. You will find further information on our data privacy in the data privacy information on The After School Aardvark's website: www.afterschoolaardvark.com.

Place, Date:

Signature of one of person having parental care

