

Personal data in your application are processed in accordance with the law on personal information. You permit that the information you provide may be stored and processed in register by Child och Youth Educational Committee and Administration.

Your application form shall not be sent to us earlier than nine months before the placement date. (Normal office turnaround time is about four months). Please note! Use one application form per child. You can also send your application electronically. You find this service at our website: [www.karlskrona.se/Sjalvservicetjanster/Barnomsorgens-webbtjanst/](http://www.karlskrona.se/Sjalvservicetjanster/Barnomsorgens-webbtjanst/)

**Send the form to:** Karlskrona kommun, Kunskapsförvaltningen, 371 83 Karlskrona

Child, first name	Child, surname	Personal identity number
Address		Postal address

Other mother tongue than Swedish, state which language:

Mother/wife/Co-habitee First name	Surname	Current data at the time of the child's placement: <input type="checkbox"/> job <input type="checkbox"/> on parentel leave <input type="checkbox"/> student <input type="checkbox"/> job seeking
Guardian of the child <input type="checkbox"/> yes <input type="checkbox"/> no Personal identity number:	E-mail address private @	
Employer/school	Telephone number at work	Mobile telephone number

Father/husband/Co-habitee First name	Surname	Current data at the time of the child's placement: <input type="checkbox"/> job <input type="checkbox"/> on parentel leave <input type="checkbox"/> student <input type="checkbox"/> job seeking
Guardian of the child <input type="checkbox"/> yes <input type="checkbox"/> no Personal identity number:	E-mail address private @	
Employer/school	Telephone number at work	Mobile telephone number

**Fill in only in case of joint custody, concerns only parent not living with the child**

Name	Personal identity number	
Employer/school	Telephone at work	Mobile telephone number
E-mail address private @		

**Signature** (signature of both parents in joint custody)

Place and date	
Guardian, signature	Printed name
Place and date	
Guardian, signature	Printed name

**New placement**       **Transfer** (At transfer, state current placement)

Alt	Desired placement	Pre-School	Childcare för Schoolchildren	Holiday childminding
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Placement in childcare as from, date	Number of childcare hours per week	<input type="checkbox"/> Daytime <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Nights
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This form updated: 2018-12-13