

APPLICATION FORM for Out-of-School care ONS Domeintje

Location: John F. Kennedy (JFK)

Don Bosco (DB)

Contact details

	Parent/carer	2nd parent/carer
Name		
Adress		
Postal code		
Residence		
Email adress		
Phone		
Social security number (BSN)		
Date of Birth		

Child details

Surname Child		
Name		Boy/girl
Date of Birth		
Nickname		
Social Security number (BSN)		
Name school		

Desired Out-of-School care

Tick the box of the desired Out-of-School care. In case of tailored care, please indicate the amount of days and, if known, also the dates Out-of-School care is required.

I would like to apply for day care for a package of 40, 48 , 52 weeks.

(Please cross what is NOT applicable)

	Pre school	After school (mo,tue,thu,fr)	After school (wednesday)
Monday			
Duesday			
Wednesday			
Thrusday			
Friday			

Starting Date

Please fill in below the desired starting date of the day care.

Desired starting date:

Remarks

If applicable, please specify below any questions, remarks or peculiarities regarding the desired day care.

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Payment

The payment will be done by means of anticipation in monthly terms. Extra out-of-school care will be invoiced in the month following the month where it took place. Invoices will be sent by e-mail. The fees will be debited around the 22nd of each month. The debitation is done by automatic collection. Therefore, you need to fill in and sign the accompanying collection form.

When automatic collection is not applicable, payment will happen respectively within 14 days after the invoicing date.

Agreement

Circle your choice

I herewith agree with the “Algemene Voorwaarden van Kinderopvang” (General Terms and Conditions for Childcare, Day Nursery and Out-of-School Care) from the national childcare organization

Yes No

I herewith agree with the “Privacy Reglement / Rules” with describes how we handle and protect your privacy information in accordance to the General Data Protection Regulation.

Yes No

This application form can be returned to Marjolein Vuik at the Childcare facility or by email to ; info@opvangnieuwestijl.nl

Direct SEPA debit

Name: Opvang Nieuwe Stijl B.V.
Adress: Jupiterlaan 14
3318 JC Dordrecht
The Netherlands

Collector ID: NL60ZZZ586066450000

Characteristic: As characteristic for the collection, ONS is allowed to use the social security number of one of the parents/carers (listed below)

By signing this form, I allow:

- Opvang Nieuwe Stijl B.V. to continuously send collection assignments to my bank to collect an amount from my account which is due to out-of-school care services.
- My bank to continuously collect an amount from my account in accordance with the assignment from Opvang Nieuwe Stijl B.V.

If the applicant does not agree with this collection, it can be reversed. The bank should be contacted about this within eight weeks after the collection and asked for the conditions.

To fill in by the applicant:

Name and initials :
Adress :
Postal code + residence :
Email adress :
Country :
Social Security Number :
IBAN number :
Place and date :
Signature :