

REGISTRATION FORM

After School Care / Holiday Camps



Please complete one form per child

I AM APPLYING FOR:

- Product 1:** After School Care during school weeks only
- Product 2:** After School Care during school weeks and Holiday Camps during 'small' holidays*
- Product 3:** After School Care during school weeks and Holiday Camps during all school holidays
- Product 4:** Holiday Camps Only

* Small holidays = all school holidays except for the summer break

I AM INTERESTED IN THE FOLLOWING LOCATION:

After School Care is only available to children attending one of the schools listed below. Families booking Holiday Camps only are free to choose between any of the locations.

- Robbie's Place (located at BSN Leidschenveen)
- The Estate (located nearby BSN Diamanthorst and BSN Vlaskamp)
- Storks (located next to The International School in The Hague)
- ESH (located at The European School in The Hague)
- De Bataaf (located nearby The French Lycee & HSV)
- The Dragon's Den (located within Princess Ariane Day Care, Noordwijk)

ATTENDANCE PATTERN:

Please indicate in the table below for which days you would like to register your child

Monday	Tuesday	Wednesday	Thursday	Friday

Proposed start date: ____ - ____ - ____

CHILD'S DETAILS:

Child's last name: _____ Child's first name(s): _____

Sex: Male / Female Date of birth (dd-mm-yy): ____ - ____ - ____

Nationality : _____ Home language(s): _____

BSN number (if available) _____

Name of school (incl. campus if applicable) _____

Class/Year _____ Teacher _____ Swimming Diploma: Yes/No

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FIRST PARENT / GUARDIAN:

Title : Mr / Mrs / Ms / Dr

Last name: _____ First name: _____

Address: _____

Postal code: _____ City: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ E-mail address: _____

BSN number: _____

SECOND PARENT / GUARDIAN:

Title : Mr / Mrs / Ms / Dr

Last name: _____ First name: _____

Address: _____

Postal code: _____ City: _____

Home phone: _____ Work phone: _____

Mobile phone: _____ E-mail address: _____

BSN number: _____

EXTRA EMERGENCY CONTACTS

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

NAME(S) OF AUTHORIZED PEOPLE TO PICK UP YOUR CHILD

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

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SIBLINGS

Name: _____ Date of birth (dd-mm-yy): ____ - ____ - ____	Attending Zein's Day Care: Yes / No Attending Zein's After School Care: Yes / No If Yes: which location / group: _____
Name: _____ Date of birth (dd-mm-yy): ____ - ____ - ____	Attending Zein's Day Care: Yes / No Attending Zein's After School Care: Yes / No If Yes: which location / group: _____
Name: _____ Date of birth (dd-mm-yy): ____ - ____ - ____	Attending Zein's Day Care: Yes / No Attending Zein's After School Care: Yes / No If Yes: which location / group: _____

MEDICAL INFORMATION

Name family doctor: _____

Address: _____

Phone number: _____

Allergies/ other medical conditions: _____

Is there any other information relating to your child / family circumstances you would like to inform us of?

HOW DID YOU FIND OUT ABOUT ZEIN?

SIGNED

Name (PLEASE PRINT): _____

Date: _____

Signature: _____

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Next Steps...

Application & Offer Process

Your application will be processed by our administration company DebiCare. **Please submit your completed application form to Mrs Jos van Santen by email using j.vansanten@debicare.nl.**

DebiCare will contact you within 1 working week to confirm availability. You will then be sent an offer letter and Child Placement Contract detailing your child's place. On return of this signed contract your place is confirmed.

Childcare refund

The Dutch tax authorities reimburse a substantial portion of the childcare costs to all families where both parents (or a single parent) are working or studying – irrespective of nationality or length of stay. Even if you do not pay tax in The Netherlands, you are often still eligible for the refund.

Considerable rebates are available dependent on your combined gross income and the number of hours you and your partner are working/studying. In order to apply for the refund, both you and your child(ren) need to have a 'burgerservicenummer' or 'BSN'.

As navigating the Dutch rules can be challenging, DebiCare provide an application service free of charge. Please just inform them if you would like to make use of this service.

Payment

Payment is to be made via a monthly invoice, based on the average hours per month (total hours per year divided by 12 months). The childcare refund is also based on the average hours per month.

Questions?

If you have initial questions about availability or placement please feel free to contact DebiCare on +31 (0)180 555 911. For queries regarding the programme please contact a member of the Zein team directly on +31 (0)70 3268 263