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| Ulluunerani neqeroorummut allatsinneq | Tilmelding til dagtilbud (Meeraq sap. ak. 16-nngoreersimassaaq allatsinniaraanni |Barnet skal være 16 uger gammelt før man kan tilmelde)  |
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| Meeqqap atia | Barnets navn: | Inuuia | Cpr.nr.: |
| Pilersuisup atia | Forsørgerens navn:

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| Sulivoq: |  | Suliffeqanngilaq:  |  | Ilinniartoq:  |  |
| Er i arbejde: |  Arbejdsløs: | Under uddannelse: |

 | Inuuia | Cpr.nr.: |
| Pilersuisup atia | Forsørgerens navn:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sulivoq: |  | Suliffeqanngilaq:  |  | Ilinniartoq:  |  |
| Er i arbejde: |  Arbejdsløs: | Under uddannelse: |

 | Inuuia | Cpr.nr.: |
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| Kl. 07:00 |  |  Kl. 07:30 |  |

Meeqqeriviup ammasarfia pisariaqartitat krydseleruk | Behov for åbningstid sæt kryds: | Suliffiup atia | Arbejdsplads: |
| Najugaq | Adresse:Postnormu | Postnummer: Illoqarfik | By: E-mail:  | Oqarasuaat | Telefon: |

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| Meeqqap peqqissusaa Barnets helbred |  Sapigaqarneq |Allergi:  |  | Nappaatit allat |Andre sygdomme:  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Piaartumik ulluunerani neqeroorummiisitsilerusukkuit uani tunngavilersuuteqarit |Ved ansøgning om prioriteret plads, angiv her begrundelse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sulilerfissap ilinnialerfissalluunniit ullua allaguk |Angiv dato for start af arbejde eller uddannelse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Sumiiffik | Sted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ulloq | Dato:\_\_\_\_\_\_\_\_\_\_\_\_\_

Pilersuisup atsiornera | Forsørgerens underskrift:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_