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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:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 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.: |
| |  |  |  |  | | --- | --- | --- | --- | | 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_