

Application Form

Vermerk vom Kita
Gruppe:

für das Kind:

(name of child):

(name)

(surname)



(sex)

(date of birth)

(place of birth)

(religion)

(nationality)

(street)

(place of residenz)

☐

Baby group

(0-2Y.)

☐

nursery

(2-6Y.)

☐

10 h

☐

9 h

☐

7 h

10 h: 6:45-16:45, 9 h: 7:45-16:45, 7 h: 8:00-15:00

Mutter des Kindes:

(Mother of the child)

(name)

(surname)

(date of birth)

(town & Postcode)

(nationality)

Vater des Kindes:

(Father of the child)

(name)

(surname)

(date of birth)

(town & Postcode)

(nationality)

Brothers or

sisters

(name)

(surname)

(date of birth)

(name)

(surname)

(date of birth)

Other information

Are you a single parent?

☐

yes

☐

No

Has the child ever been in a nursery?

☐

yes

☐

No

Profession of the parents:

Mother:

(earlies beginning, lates closing time)

Father:

(earlies beginning, lates closing time)

You have now registered your child **bindingly** with us!

In case you wish to retieve your application, or make any relevant changes, please contact us

your contact details, to be informed when a place becomes avaiabel

Name:

Address:

Phone:

eMail

(Place, date)

(Signature)

Von Kita auszufüllen:

Geschwisterkind/er beachten

☐

Anmeldung wurde entgegengenommen von: