



Registration

Please send back via E-Mail or postal service .

Registration	
For kindergarden (name):	
Adress:	
Wished Placement date:	

Child	
First name:	
Surname:	
Date of birth:	
Place of birth:	
Citizenship:	
Adress / Street:	
Zip Code, Place:	
Area:	

Mother			
First name:			
Surname:			
Date of birth:			
Place of birth:			
Citizenship:			
Adress (in case different from child's adress):			
Telefon:		Mobile:	
Fax:		Email:	
Profession:			
Work time:		From:	To:

Father			
First name:			
Surname:			
Date of birth:			
Place of birth:			
Citizenship:			
Address (in case different from child's address):			
Telefon:		Mobile:	
Fax:		Email:	
Profession:			
Work time		From:	To:

Extension of needed child care
<input type="checkbox"/> Part time (5–7 hours) <input type="checkbox"/> Full time (more than 7 up to maximum 9 hours) <input type="checkbox"/> more than 9 hours

Is your child handicapped?
<input type="checkbox"/> Yes <input type="checkbox"/> according §§ 39/40 BSHG <input type="checkbox"/> according § 35 a SGB VIII
<input type="checkbox"/> No

Do you have an approval for needed hours?
<input type="checkbox"/> Yes, extension: _____
<input type="checkbox"/> we applied
<input type="checkbox"/> No

Do you have any registration in other kindergardens?
<input type="checkbox"/> Yes, where?: _____
<input type="checkbox"/> No

Other important information:

x

 Date Signature of one parent

We contact you as soon a placement is possible. Please do not call before.

To be filled in by the management	
<input type="checkbox"/> Aufnahme in der Kindertagesstätte _____	
Aufnahme erfolgt(e) zum:	
<input type="checkbox"/> Absage am _____ erteilt	
Aufnahme nicht mehr erwünscht, weil:	