Änderung der Anmeldung für die Schulkindbetreuung an der Jahnschule Bad Tölz

Bei nachträglichen Änderungen in der Anmeldung müssen mindestens die roten Felder ausgefüllt sein.

Marie-Luise-Schultze-Jahn. Trägerverein Betreuung e. V. | Alter Bahnhofsplatz 7 | 83646 Bad Tölz
Tel.: 080417932410 | E-Mail:traegerverein@foerderzentrum-bad-toelz.de
IBAN: DE52700543060011923760 | BIC: BYLADEM1WOR| Bank: Sparkasse Bad Toelz-Wolfratshausen

Child

Firstname:	**Lastname:**
Year:	**Date of Birth:**
School form:	☐ **Halbtag** ☐ **Ganztag**
My child is vaccinated against measles / already immune:	☐ **Ja**
Allergies:	
Medications:	

Please mark with a cross where applicable:

- ☐ **My child is gluten intolerant**
- ☐ **My child is lactose intolerant**
- ☐ **My child doesn't eat pork**
- ☐ **My child is a vegetarian**
- ☐ **After the end of the booked care, my child is allowed to go home alone**
- ☐ **My child is allowed to take part in excursions**
- ☐ **My child can be creamed in the summer with available sunscreen**
- ☐ **Photos showing my child may be published in the public press as well as used for public relations of the supervising organizations.**
- ☐ **__Betreuer dürfen bei meinem Kind Zecken entfernen**

Jahnschule Bad Tölz - __Ganztag

Monday	Tuesday	Wednesday	Thursday	Friday
08:00 - 14:00 ☐ **book**	**08:00 - 14:00** ☐ **book**	**08:00 - 14:00** ☐ **book**	**08:00 - 14:00** ☐ **book**	**08:00 - 14:00** ☐ **book**
08:00 - 13:00 ☐ **book**	**08:00 - 13:00** ☐ **book**	**08:00 - 13:00** ☐ **book**	**08:00 - 13:00** ☐ **book**	**08:00 - 13:00** ☐ **book**
14:00 - 15:45 ☐ **book**	**14:00 - 15:45** ☐ **book**	**14:00 - 15:45** ☐ **book**	**14:00 - 15:45** ☐ **book**	

Parent or legal guardian

E-mail:	
Phone number:	
Firstname:	**Lastname:**
Street:	**Address suffix:**
Postcode:	**City:**

Employment situation of parent or legal guardian:

- ☐ Singe parent / legal guardian is working
- ☐ Singe parent / legal guardian is a job-seeker
- ☐ Both parents / legal guardians are working
- ☐ Both parents / legal guardians are job-seekers
- ☐ One parent / legal guardian is working another is a job-seeker

I am a single parent or legal guardian:

- ☐ Yes
- ☐ No

Name of the emergency contact:

Telephone number for possible emergencies:

Other persons entitled to pick-up:

__Beziehen Sie Leistungen nach dem SGB II, SGB XII, AsylbLG, Wohngeld oder Jugendhilfe:

- ☐ Yes
- ☐ No

Account holder:	
IBAN:	**BIC:**

☐ **I authorize the supervising organization Marie-Luise-Schultze-Jahn. Trägerverein Betreuung e. V. to collect payments from my account by direct debit. At the same time, I instruct my credit institution, which will be Marie-Luise-Schultze-Jahn. Trägerverein Betreuung e. V. pay debits drawn on my account.**

☐ **I have read and accept the general terms and conditions of the Marie-Luise-Schultze-Jahn. Trägerverein Betreuung e.V. for school childcare.**

☐ **I understand that my registration can be recalled by the organization if the care capacities are exceeded. There is no right to receive care.**

☐ **I have read the privacy policy of Marie-Luise-Schultze-Jahn. Trägerverein Betreuung e.V. and agree that my data and the data of my children are electronically processed and passed on to the supervising organisation.**

Datum	**Unterschrift**