

Änderung der Anmeldung für die Schulkindbetreuung an der Künkelinschule



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

Child

Security code on change:

You will find this in the booking confirmation you received by email.

Diese Änderung/Neuanmeldung soll am dd.mm.yyyy in Kraft treten :

Firstname:

Lastname:

Year:

Date of Birth:

School form:

- Halbtage
 Ganztage

My child is vaccinated against measles / already immune:

- Ja

Allergies:

Medications:

Please mark with a cross where applicable:

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

Künkelinschule - __ Ganztage

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|
| 07:00 - 08:30 <input type="checkbox"/> book | 07:00 - 08:30 <input type="checkbox"/> book | 07:00 - 08:30 <input type="checkbox"/> book | 07:00 - 08:30 <input type="checkbox"/> book | 07:00 - 08:30 <input type="checkbox"/> book |
| 08:30 - 13:30 <input type="checkbox"/> book | 08:30 - 13:30 <input type="checkbox"/> book | 08:30 - 13:30 <input type="checkbox"/> book | 08:30 - 13:30 <input type="checkbox"/> book | 08:30 - 13:30 <input type="checkbox"/> book |

Monday

Tuesday

Wednesday

Thursday

Friday

| | | | | |
|--|--|--|--|--|
| 13:30 - 17:00 <input type="checkbox"/> book | 13:30 - 17:00 <input type="checkbox"/> book | 13:30 - 17:00 <input type="checkbox"/> book | 13:30 - 17:00 <input type="checkbox"/> book | 13:30 - 16:00 <input type="checkbox"/> book |
|--|--|--|--|--|

Parent or legal guardian

E-mail:

Phone number:

Firstname:

Lastname:

Street:

Address suffix:

Postcode:

City:

Employment situation of parent or legal guardian:

- Single parent / legal guardian is working
- Single 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:

Anzahl der kindergeldberechtigten Kinder im selben Haushalt:

Geschwisterkind 1:

Firstname:

Lastname:

Geburtsdatum:

Geschwisterkind 2:

Firstname:

Lastname:

Geburtsdatum:

Geschwisterkind 3:

Firstname:

Lastname:

Geburtsdatum:

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

Yes
 No

Other authorized persons

E-mail:

Phone number:

Firstname:

Lastname:

Street:

Address suffix:

Postcode:

City:

Account holder:

IBAN:

BIC:

I have read and accept the general terms and conditions of the Stadt Schorndorf 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 Stadt Schorndorf and agree that my data and the data of my children are electronically processed and passed on to the supervising organisation.

| | |
|--------------|---------------------|
| | |
| Datum | Unterschrift |