

## Änderung der Anmeldung für die Schulkindbetreuung an der Fridolinschule



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

# Child

\_\_\_\_\_

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

**Firstname:**

**Lastname:**

**Year:**

**Date of Birth:**

**School form:**

- Halbttag  
 Ganzttag

**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                       |  |

## Fridolinschule - \_\_Ganzttag

Monday	Tuesday	Wednesday	Thursday	Friday
07:00 - 08:00 <input type="checkbox"/> book	07:00 - 08:00 <input type="checkbox"/> book	07:00 - 08:00 <input type="checkbox"/> book	07:00 - 08:00 <input type="checkbox"/> book	07:00 - 08:00 <input type="checkbox"/> book
15:00 - 17:00 <input type="checkbox"/> book	15:00 - 17:00 <input type="checkbox"/> book	15:00 - 17:00 <input type="checkbox"/> book	12:50 - 14:00 <input type="checkbox"/> book	12:50 - 14:00 <input type="checkbox"/> book
			14:00 - 17:00 <input type="checkbox"/> book	14:00 - 17:00 <input type="checkbox"/> book
Dieter-Kaltenbach-Stiftung   Konrad-Adenauer-Straße 22   79540 Lörrach				

## Parent or legal guardian

**E-mail:**

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**Phone number:**

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**Firstname:**

**Lastname:**

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**Street:**

**Address suffix:**

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**Postcode:**

**City:**

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**Gross household income per month:**

- 0 - 1.499 €  
 1.500 - 2.499 €  
 2.500 - 3.499 €  
 3.500 - 5.999 €  
 mehr als 6.000 €

**I have at least one other child in a paid public kindergarten :**

- Yes  
 No

**If yes, enter the name of the fee-paying kindergarten here :**

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**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:**

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**Telephone number for possible emergencies:**

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**Other persons entitled to pick-up:**

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**Account holder:**

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**IBAN:**

**BIC:**

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I authorize the supervising organization Dieter-Kaltenbach-Stiftung to collect payments from my account by direct debit. At the same time, I instruct my credit institution, which will be Dieter-Kaltenbach-Stiftung pay debits drawn on my account.

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

<b>Datum</b>	<b>Unterschrift</b>