

## Änderung der Anmeldung für die Schulkindbetreuung an der Fridolinschule



**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                     |  |

## Fridolinschule - \_\_Halbtage

Monday

Tuesday

Wednesday

Thursday

Friday

| Monday  | Tuesday   | Wednesday   | Thursday  | Friday  |
|---|---|---|---|---|
| <b>07:00 - 08:00</b><br><input type="checkbox"/> book | <b>07:00 - 08:00</b><br><input type="checkbox"/> book | <b>07:00 - 08:00</b><br><input type="checkbox"/> book | <b>07:00 - 08:00</b><br><input type="checkbox"/> book | <b>07:00 - 08:00</b><br><input type="checkbox"/> book |
| <b>12:00 - 13:00</b><br><input type="checkbox"/> book |   | <b>12:00 - 13:00</b><br><input type="checkbox"/> book |   |   |
|   |   |   |   |   |

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IBAN: DE36683500480001712454 | BIC: SKLODE66XXX| Bank: Sparkasse Lörrach-Rheinfelden

## Parent or legal guardian

**E-mail:**

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**Phone number:**

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**Firstname:**

**Lastname:**

**Street:**

**Address suffix:**

**Postcode:**

**City:**

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**Gross household income per month:**

- 0,-- bis 1.499,--
- 1.500,-- bis 2.499,--
- 2.500,-- bis 3.499,--
- 3.500,-- bis 5.999,--
- 6.000,-- bis 8.499,--
- 8.500,-- bis 10.999,--
- 11.000,-- bis 13.499,--
- 13.500,-- bis 14.999,--
- 15.000,-- bis 19.999,--
- über 20.000,--

**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> |