

## Änderung der Anmeldung für die Schulkindbetreuung an der Schillerschule



**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                     |  |

## Schillerschule - \_\_Halbtage

Monday	Tuesday	Wednesday	Thursday	Friday
07:00 - 13:30 <input type="checkbox"/> book	07:00 - 13:30 <input type="checkbox"/> book	07:00 - 13:30 <input type="checkbox"/> book	07:00 - 13:30 <input type="checkbox"/> book	07:00 - 13:30 <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
Stadt Schorndorf   Urbanstraße 24   73614 Schorndorf				

## 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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**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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**\_\_ Anzahl der kindergeldberechtigten Kinder im selben Haushalt:**

**\_\_ Geschwisterkind 1:**

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**Firstname:**

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**Lastname:**

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**\_\_ Geburtsdatum:**

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**\_\_ Geschwisterkind 2:**

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**Firstname:**

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**Lastname:**

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**\_\_ Geburtsdatum:**

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\_\_ 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.**

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