SCHORNDORF »
DIE DAIMLERSTADT

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# Änderung der Anmeldung für die Schulkindbetreuung an der Otfried-Preußler-Schule




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

Stadt Schorndorf | Urbanstraße 24 | 73614 Schorndorf
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IBAN: DE10 6025 0010 0005 0000 36 | BIC: SOLADES1WBN| Bank: Kreissparkasse Waiblingen

## 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:** | ☐ **Halbtag**<br>☐ **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 doesn't eat pork**
- ☐ **After the end of the booked care, my child is allowed to go home alone**
- ☐ **My child can be creamed in the summer with available sunscreen**
- ☐ **My child is lactose intolerant**
- ☐ **My child is a vegetarian**
- ☐ **My child is allowed to take part in excursions**
- ☐ **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**

## Otfried-Preußler-Schule - __Ganztag

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|
| **07:00 - 13:30**<br>☐ **book** | **07:00 - 13:30**<br>☐ **book** | **07:00 - 13:30**<br>☐ **book** | **07:00 - 13:30**<br>☐ **book** | **07:00 - 13:30**<br>☐ **book** |
| | **13:30 - 16:00**<br>☐ **book** | | **13:30 - 16:00**<br>☐ **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:** |

**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** |