



Lörrach

## Änderung der Anmeldung für die Schulkindbetreuung an der Neumattschule



**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:**

- 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<br>is allowed to go home alone | <input type="checkbox"/> My child is allowed to take part in<br>excursions                                                                                            |
| <input type="checkbox"/> My child can be creamed in the summer<br>with available sunscreen         | <input type="checkbox"/> Photos showing my child may be<br>published in the public press as well as<br>used for public relations of the<br>supervising organizations. |
| <input type="checkbox"/> Betreuer dürfen bei meinem Kind Zecken<br>entfernen                       |                                                                                                                                                                       |

## Neumattschule - \_\_Halbtage

Monday

Tuesday

Wednesday

Thursday

Friday

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

## 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 SAK Lörrach e.V. to collect payments from my account by direct debit. At the same time, I instruct my credit institution, which will be SAK Lörrach e.V. 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> |