

SCH
ULE
e



Lörrach

Änderung der Anmeldung für die Schulkindbetreuung an der Grundschule Tumringen



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:

My child is gluten intolerant

My child is lactose intolerant

My child doesn't eat pork

My child is a vegetarian

After the end of the booked care, my child
is allowed to go home alone

My child is allowed to take part in
excursions

My child can be creamed in the summer
with available sunscreen

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

Grundschule Tumringen - __ 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:

Phone number:

Firstname:

Lastname:

Street:

Address suffix:

Postcode:

City:

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 :

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:

Telephone number for possible emergencies:

Other persons entitled to pick-up:

Account holder:

IBAN:

BIC:

- 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.

Datum	Unterschrift