



Vormerkblatt

1. Personal information of the child

Last Name:	First Name:
Street:	Zip/Town:
Date of Birth:	Nationality:
Sex:	

2. Personal information of the parents/legal guardians

Mother:		Father:	
Last Name:		Last Name:	
First Name:		First Name:	
Street:		Street:	
Zip/Town:		Zip/Town:	
Home phone:		Home phone:	
Work phone:		Work phone:	
Cell phone:		Cell phone:	
E-mail address:			
Legal guardians:			

Announcement (changes are still possible)

		Monday		Tuesday		Wednesday		Thursday		Friday	
		Drop off time	Pick up time	Drop off time	Pick up time	Drop off time	Pick up time	Drop off time	Pick up time	Drop off time	Pick up time
Drop off time	07:15	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	07:45	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	08:15	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Activity time											
	08:45										
	09:15										
	09:45										
	10:15										
	10:45										
	11:15										
	11:45										
Pick up/drop off time	12:15										
	12:45pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1:15pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1:45pm		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	2:15pm		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	2:45pm		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	3:15pm		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	3:45pm		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
4:15pm		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	



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Our pedagogical activities are in the morning from 8.30 to 12.30 hrs (= activity time).

Drop off time means: The earliest time for dropping off your child is (e.g. 7.15 hrs, 7.45 hrs, ...)

Pick up time means: The latest time for picking up your child is (e.g. 12.45 hrs, 1.15pm hrs, ...)

- (1) Other wishes:
- Drop off time earlier
 - Pick up time later

Would you sign up your child for the afternoon class, if there is no space left in the morning?

Yes: No:

If you need more hours than you already booked, than normally you can book more. But you can only do it, if it's possible for us.

If you want less hours than you have to quit 1 month before.

Registration for:

Kindergarten (from 3-6 years)

Day nursery (from 1-3 years)

1. Are you in any situation that requires a priority status?

2. Other important information, that requires a priority status?

3. Does your child have special needs (e.g. handicaps)?

4. Number and Age of Siblings:

5. Was your child registered at any other Kindergartens: Yes: No:

If yes, which do you prefer _____

6. We agree that above data can be exchanged with other local Kindergartens.

Important information for the kindergarten:

Town, Date	Signature(s) of the parent(s)/legal guardian(s):
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Will be filled out by the Kindergarten Director:

Received registration on:	Enrollment of the child on:	Decline Letter sent on:
Date, Signature:		