

## Anmeldebestätigung

### *Child/Children's Details*

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Siblings : \_\_\_\_\_

Religion: \_\_\_\_\_

Allergies/Medication/Dietary Considerations: \_\_\_\_\_

Pediatricist: \_\_\_\_\_

### *Mother's Details:*

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Residential adress.: \_\_\_\_\_

Postalcode, city: \_\_\_\_\_

Profession: \_\_\_\_\_

Phone number private/mobile: \_\_\_\_\_

E-mail private: \_\_\_\_\_

Company name & adress: \_\_\_\_\_

Phone office/mobile: \_\_\_\_\_

E-mail office: \_\_\_\_\_

### *Father's Details:*

Last Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Residential adress.: \_\_\_\_\_

Postalcode, city: \_\_\_\_\_

Profession: \_\_\_\_\_

Phone number private/mobile: \_\_\_\_\_

E-mail private: \_\_\_\_\_

Company name & adress: \_\_\_\_\_

Phone office/mobile: \_\_\_\_\_

E-mail office: \_\_\_\_\_

*Further particulars*

*Favored start date:* \_\_\_\_\_

*Caretaking days:*

*Whole Day:*                     *Mo.*     *Tu.*     *We.*     *Th.*     *Fr.*

*Comments and requests:*

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*How did you find out about us?:* \_\_\_\_\_

*Place, date:* \_\_\_\_\_ *Signature parents:* \_\_\_\_\_

*Place, date:* \_\_\_\_\_ *Signature parents:* \_\_\_\_\_

*Place, date:* \_\_\_\_\_ *Signature management:* \_\_\_\_\_