Änderung der Anmeldung für die Schulkindbetreuung an der Eichendorffschule

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

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IBAN: DE02 6835 0048 0001 7318 84 | BIC: SKLODE66| Bank: Sparkasse Lörrach-Rheinfelden

Child

__ . __ . ____

Diese Änderung/Neuanmeldung soll am dd.mm.yyyy in Kraft treten :

Firstname:	**Lastname:**
Year:	**Date of Birth:**
School form:	☐ **Halbtag** ☐ **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 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**

Eichendorffschule - __Halbtag

Monday	Tuesday	Wednesday	Thursday	Friday
07:00 - 13:00 ☐ **book**	**07:00 - 13:00** ☐ **book**	**07:00 - 13:00** ☐ **book**	**07:00 - 13:00** ☐ **book**	**07:00 - 13:00** ☐ **book**
13:00 - 14:00 ☐ **book**	**13:00 - 14:00** ☐ **book**	**13:00 - 14:00** ☐ **book**	**13:00 - 14:00** ☐ **book**	**13:00 - 14:00** ☐ **book**
14:00 - 17:00 ☐ **book**	**14:00 - 17:00** ☐ **book**	**14:00 - 17:00** ☐ **book**	**14:00 - 17:00** ☐ **book**	**14:00 - 17:00** ☐ **book**

Parent or legal guardian

E-mail:	
Phone number:	
Firstname:	**Lastname:**
Street:	**Address suffix:**
Postcode:	**City:**

Gross household income per month:

- ☐ 0,-- bis 1.499,--
- ☐ 1.500,-- bis 2.499,--
- ☐ 2.500,-- bis 3.499,--
- ☐ 3.500,-- bis 5.999,--
- ☐ 6.000,-- bis 8.499,--
- ☐ 8.500,-- bis 10.999,--
- ☐ 11.000-- bis 13.499,--
- ☐ 13.500,-- bis 14.999,--
- ☐ 15.000,-- bis 19.999,--
- ☐ über 20.000,--

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:

- ☐ 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:

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**