Änderung der Anmeldung für die Schulkindbetreuung an der Rainbrunnenschule

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

Stadt Schorndorf | Urbanstraße 24 | 73614 Schorndorf
Tel.: 07181 602-3433 | E-Mail:Schulkindbetreuung@schorndorf.de
IBAN: DE10 6025 0010 0005 0000 36 | BIC: SOLADES1WBN| Bank: Kreissparkasse Waiblingen

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**

Rainbrunnenschule - Halbtag

Monday	Tuesday	Wednesday	Thursday	Friday
12:10 - 13:30	**12:10 - 13:30**	**12:10 - 13:30**	**12:10 - 13:30**	**11:15 - 13:30**
☐ **book**	☐ **book**	☐ **book**	☐ **book**	☐ **book**

Parent or legal guardian

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

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:

Anzahl der kindergeldberechtigten Kinder im selben Haushalt:

Geschwisterkind 1:
Firstname:
Lastname:
Geburtsdatum:

Geschwisterkind 2:
Firstname:
Lastname:
Geburtsdatum:

Geschwisterkind 3:

Firstname:	
Lastname:	
Geburtsdatum:	

Beziehen Sie Leistungen nach dem SGB II, SGB XII, AsylbLG, Wohngeld oder Jugendhilfe:

☐ **Yes**
☐ **No**

Other authorized persons

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

Account holder:	
IBAN:	**BIC:**

☐ **I have read and accept the general terms and conditions of the Stadt Schorndorf 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 Schorndorf and agree that my data and the data of my children are electronically processed and passed on to the supervising organisation.**

Datum	**Unterschrift**