

Änderung der Anmeldung für die Schulkindbetreuung an der Schlosswallschule



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

Schlosswallschule - Half-day

Monday

Tuesday

Wednesday

Thursday

Friday

12:00 - 13:30

12:00 - 13:30

12:00 - 13:30

12:00 - 13:30

11:15 - 13:30

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book

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book

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Parent or legal guardian

E-mail:

Phone number:

Firstname:

Lastname:

Street:

Address suffix:

Postcode:

City:

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:

Number of children entitled to child benefit in household:

Sibling 1:

Firstname:

Lastname:

Date of birth:

Sibling 2:

Firstname:

Lastname:

Date of birth:

Sibling 3:

Firstname:

Lastname:

Date of birth:

Do you receive benefits according to SGB II,
SGB XII, AsylbLG, housing benefit or youth
welfare:

☐ 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.

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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