



Lössrach

## Änderung der Anmeldung für die Schulkindbetreuung an der Pestalozzischule



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

## Child

**Security code on change:**

\_\_\_\_\_  
You will find this in the booking confirmation  
you received by email.

\_\_\_\_ . \_\_\_\_ . \_\_\_\_

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

**Firstname:**

**Lastname:**

**Year:**

**Date of Birth:**

**School form:**

☐

Halbttag

☐

Ganzttag

**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

## Pestalozzischule - Ganzttag

Monday

Tuesday

Wednesday

Thursday

Friday

|                                                       |                                                       |                                                       |                                                       |                                                       |
|-------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|
| <b>07:00 - 07:45</b><br><input type="checkbox"/> book | <b>07:00 - 07:45</b><br><input type="checkbox"/> book | <b>07:00 - 07:45</b><br><input type="checkbox"/> book | <b>07:00 - 07:45</b><br><input type="checkbox"/> book | <b>07:00 - 07:45</b><br><input type="checkbox"/> book |
| <b>15:00 - 17:00</b><br><input type="checkbox"/> book | <b>15:00 - 17:00</b><br><input type="checkbox"/> book | <b>12:00 - 13:00</b><br><input type="checkbox"/> book | <b>15:00 - 17:00</b><br><input type="checkbox"/> book | <b>12:00 - 13:00</b><br><input type="checkbox"/> book |

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

| Monday | Tuesday | Wednesday                                             | Thursday | Friday                                                |
|--------|---------|-------------------------------------------------------|----------|-------------------------------------------------------|
|        |         | <b>13:00 - 14:00</b><br><input type="checkbox"/> book |          | <b>13:00 - 14:00</b><br><input type="checkbox"/> book |
|        |         | <b>14:00 - 17:00</b><br><input type="checkbox"/> book |          | <b>14:00 - 17:00</b><br><input type="checkbox"/> book |

## Parent or legal guardian

**E-mail:**

---

**Phone number:**

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**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 :**

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**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:**

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**Telephone number for possible emergencies:**

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Other persons entitled to pick-up:

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Account holder:

---

IBAN:

BIC:

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☐

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 |