Dieter-Kaltenbach-Stiftung

Änderung der Anmeldung für die Schulkindbetreuung an der Hans-Thoma-Grundschule Warmbach

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

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IBAN: DE36683500480001712454 | BIC: SKLODE66XXX| 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**

Hans-Thoma-Grundschule Warmbach - __Ganztag

Monday	Tuesday	Wednesday	Thursday	Friday
07:00 - 08:00 ☐ **book**	**07:00 - 08:00** ☐ **book**	**07:00 - 08:00** ☐ **book**	**07:00 - 08:00** ☐ **book**	**07:00 - 08:00** ☐ **book**
12:30 - 15:00 ☐ **book**	**15:00 - 16:00** ☐ **book**	**15:00 - 16:00** ☐ **book**	**15:00 - 16:00** ☐ **book**	**11:30 - 13:00** ☐ **book**
15:00 - 16:00 ☐ **book**	**16:00 - 17:30** ☐ **book**	**16:00 - 17:30** ☐ **book**	**16:00 - 17:30** ☐ **book**	
16:00 - 17:30 ☐ **book**				

Parent or legal guardian

E-mail:

Phone number:

Firstname:	**Lastname:**
Street:	**Address suffix:**
Postcode:	**City:**

Gross household income per month:

- ☐ **Normaltarif (Kosten/Monat)**
- ☐ **Sozialtarif (Kosten/Monat)**

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:

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

- ☐ **Yes**
- ☐ **No**

Account holder:

IBAN:	**BIC:**

☐ **I authorize the supervising organization Dieter-Kaltenbach-Stiftung to collect payments from my account by direct debit. At the same time, I instruct my credit institution, which will be Dieter-Kaltenbach-Stiftung pay debits drawn on my account.**

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

Datum	**Unterschrift**