



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.

Child

**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

Hans-Thoma-Grundschule Warmbach - Ganzttag

Monday	Tuesday	Wednesday	Thursday	Friday
07:00 - 08:00 <input type="checkbox"/> book	07:00 - 08:00 <input type="checkbox"/> book	07:00 - 08:00 <input type="checkbox"/> book	07:00 - 08:00 <input type="checkbox"/> book	07:00 - 08:00 <input type="checkbox"/> book
12:30 - 15:00 <input type="checkbox"/> book	15:00 - 16:00 <input type="checkbox"/> book	15:00 - 16:00 <input type="checkbox"/> book	15:00 - 16:00 <input type="checkbox"/> book	11:30 - 13:00 <input type="checkbox"/> book
15:00 - 16:00 <input type="checkbox"/> book	16:00 - 17:00 <input type="checkbox"/> book	16:00 - 17:00 <input type="checkbox"/> book	16:00 - 17:00 <input type="checkbox"/> book	13:00 - 15:00 <input type="checkbox"/> book
16:00 - 17:00 <input type="checkbox"/> 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