

Anmeldebogen

Kath. Kindertageseinrichtung St. Nikolaus, Freienohl

Auf dem Mühlenberg 11

59872 Meschede

Träger: Kath. Kindertageseinrichtungen Hochsauerland-Waldeck gem. GmbH



FAMILIENZENTRUM
ST. NIKOLAUS

1. Name and address of the child

First Name: _____ Street Address _____
Surname: _____ Postale Code _____
Place of Birth: _____ Place: _____

2. Information about the child

Birth Date _____ / _____ / _____ Nationality _____
Sex: male female Marital status of parents _____
Denomination _____ Family language _____

3. Special Remarks on Health / allergies / intolerances

Allergies _____ Incompatibilities _____
Diseases _____ Medication _____
Pediatrician _____ Health insurance _____

4. Information about the care request

Desired recording date _____ / _____ (month/ year)
Desired service time 25 WSt. 35 WSt. 35 WSt. (Bl.) 45 WSt. Lunch Yes

5. Family Information / guardian / guardian pick-up

First name , surname 1. guardian

Street Address _____ Phone Number: _____
Postale Code _____ Place: _____ Handy: _____
Birth Date _____ Denomination: _____ Email: _____
Nationalität: _____ Profession: _____

First name , surname 2. guardian

Street Address _____ Phone Number: _____
Postale Code _____ Place: _____ Handy: _____
Birth Date _____ Denomination: _____ Email: _____
Nationality _____ Profession: _____

More collection authorized persons: _____

brothers and sisters: Yes No Number: _____ Age: _____

* I / We declare that we agree that the data of our / my child (name , date of birth and place of residence) are provided for planning purposes or determination of the demand for kindergarten places the local youth welfare office available

Signature of parent or guardian