



englisch

Registration

for attending

Rasselbande/Frechdachse nurseries

I/We hereby bindingly register my/our child for

☐ the nursery

☐ the crèche

from: _____

I/We wish to have

☐ morning care from 7:30 a.m. to 12:30 p.m.

☐ care up until 3 p.m.

☐ all-day care up until 4:30 p.m.

☐ we also require early morning care from 7 a.m. to 7:30 a.m.

Child's first and surname: _____

Birthday _____ Origin: _____

Name, age of siblings: _____

Parent or legal guardian:

Father: _____ Mother: _____

Street: _____ Street: _____

Residential area: _____ Residential area: _____

Job: _____ Job: _____

Origin: _____ Origin: _____

Telephone: _____ Telephone: _____

Name and address of the family doctor/paediatrician:

Specific details (e.g. illnesses, allergies, food intolerances):

Vaccination against the following illnesses:

_____ received on: _____

_____ received on: _____

_____ received on: _____

Niedenstein, on _____

Signature of the parent or legal guardian