Änderung der Anmeldung für die Schulkindbetreuung an der Hansjakobschule

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

Stadt Titisee-Neustadt | Pfauenstr. 2-4 | 79822 Titisee-Neustadt
Tel.: 07651 206 613 | E-Mail:bildung@titisee-neustadt.de
IBAN: DE40 6805 1004 0004 0202 51 | BIC: SOLADES1HSW| Bank: Sparkasse Hochschwarzwald

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**
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**

Hansjakobschule - Half-day

Monday	Tuesday	Wednesday	Thursday	Friday
07:00 - 08:30 (Frühbetreuung) ☐ **book**	**07:00 - 08:30 (Frühbetreuung)** ☐ **book**	**07:00 - 08:30 (Frühbetreuung)** ☐ **book**	**07:00 - 08:30 (Frühbetreuung)** ☐ **book**	**07:00 - 08:30 (Frühbetreuung)** ☐ **book**
12:10 - 14:00 (Mittagsbetreuung (ohne Essen)) ☐ **book**	**12:10 - 14:00 (Mittagsbetreuung (ohne Essen))** ☐ **book**	**12:10 - 14:00 (Mittagsbetreuung (ohne Essen))** ☐ **book**	**12:10 - 14:00 (Mittagsbetreuung (ohne Essen))** ☐ **book**	**12:10 - 14:00 (Mittagsbetreuung (ohne Essen))** ☐ **book**

Monday	Tuesday	Wednesday	Thursday	Friday
12:10 - 14:00 (Schulmensa) ☐ **book**	**12:10 - 14:00 (Schulmensa)** ☐ **book**	**12:10 - 14:00 (Schulmensa)** ☐ **book**	**12:10 - 14:00 (Schulmensa)** ☐ **book**	**12:10 - 14:00 (Schulmensa)** ☐ **book**
14:00 - 15:00 (Hausaufgabenhilfe Block 1) ☐ **book**	**14:00 - 15:00 (Hausaufgabenhilfe Block 1)** ☐ **book**	**14:00 - 15:00 (Hausaufgabenhilfe Block 1)** ☐ **book**	**14:00 - 15:00 (Hausaufgabenhilfe Block 1)** ☐ **book**	**14:00 - 15:00 (Hausaufgabenhilfe Block 1)** ☐ **book**
14:00 - 15:00 (MOMO: Tanz und Theater) ☐ **book**	**14:00 - 15:00 (MOMO: Nähen Klasse 3+4)** ☐ **book**	**14:00 - 15:00 (MOMO: Spiel, Spaß, Musik)** ☐ **book**	**14:00 - 15:00 (MOMO: Handball)** ☐ **book**	**14:00 - 15:00 (MOMO: Perlenweben Klasse 3+4)** ☐ **book**
14:00 - 15:00 (MOMO: Töpfern) ☐ **book**	**14:00 - 15:00 (MOMO: Kreativangebot)** ☐ **book**	**14:00 - 15:00 (MOMO: Frag doch mal Klasse 3+4)** ☐ **book**	**14:00 - 15:00 (MOMO: Spieleclub)** ☐ **book**	**14:00 - 15:00 (MOMO: Basketball ab Klasse 2)** ☐ **book**
14:00 - 15:00 (MOMO: Fußball) ☐ **book**	**15:00 - 16:00 (Hausaufgabenhilfe Block 2)** ☐ **book**	**15:00 - 16:00 (Hausaufgabenhilfe Block 2)** ☐ **book**	**15:00 - 16:00 (Hausaufgabenhilfe Block 2)** ☐ **book**	
15:00 - 16:00 (Hausaufgabenhilfe Block 2) ☐ **book**				

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Parent or legal guardian

E-mail:	
Phone number:	
Firstname:	**Lastname:**
Street:	**Address suffix:**
Postcode:	**City:**

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:

Do you receive benefits according to SGB II, SGB XII, AsylbLG, housing benefit or youth welfare:

- ☐ Yes
- ☐ No

Other authorized persons

E-mail:	
Phone number:	
Firstname:	**Lastname:**
Street:	**Address suffix:**
Postcode:	**City:**

Account holder:

IBAN:	**BIC:**

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

Datum	**Unterschrift**