



Änderung der Anmeldung für die Schulkindbetreuung an der Hirschbühlschule



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

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.

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Betreuer dürfen bei meinem Kind Zecken
entfernen

Hirschbühlschule - Half-day

Monday

Tuesday

Wednesday

Thursday

Friday

07:30 - 08:45 (Frühbetreuung) ☐ book	07:30 - 08:45 (Frühbetreuung) ☐ book	07:30 - 08:45 (Frühbetreuung) ☐ book	07:30 - 08:45 (Frühbetreuung) ☐ book	07:30 - 08:45 (Frühbetreuung) ☐ book
12:00 - 15:00 (Mittagsbetreuung) ☐ book	12:00 - 15:00 (Mittagsbetreuung) ☐ book	12:00 - 15:00 (Mittagsbetreuung) ☐ book	12:00 - 15:00 (Mittagsbetreuung) ☐ book	12:00 - 15:00 (Mittagsbetreuung) ☐ book

Parent or legal guardian

E-mail:

Phone number:

Firstname:

Lastname:

Street:

Address suffix:

Postcode:

City:

Employment situation of parent or legal guardian:

- ☐ Single parent / legal guardian is working
- ☐ Single 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.

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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