

Änderung der Anmeldung für die Schulkindbetreuung an der Fridolinschule



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.

☐

Betreuer dürfen bei meinem Kind Zecken
entfernen

Fridolinschule - __Ganzttag

Monday

Tuesday

Wednesday

Thursday

Friday

07:00 - 08:00 ☐ book	07:00 - 08:00 ☐ book	07:00 - 08:00 ☐ book	07:00 - 08:00 ☐ book	07:00 - 08:00 ☐ book
15:00 - 17:00 ☐ book	15:00 - 17:00 ☐ book	15:00 - 17:00 ☐ book	12:50 - 14:00 ☐ book	12:50 - 14:00 ☐ book
			14:00 - 17:00 ☐ book	14:00 - 17:00 ☐ book
Dieter-Kaltenbach-Stiftung Konrad-Adenauer-Straße 22 79540 Lörrach				

Tel.: +49 7621 89420 | E-Mail:skb.fridolinschule@kaltenbach-stiftung.de

IBAN: DE36683500480001712454 | BIC: SKLODE66XXX| Bank: Sparkasse Lörrach-Rheinfelden

Parent or legal guardian

E-mail:

Phone number:

Firstname:

Lastname:

Street:

Address suffix:

Postcode:

City:

Gross household income per month:

- ☐ 0,-- bis 1.499,--
- ☐ 1.500,-- bis 2.499,--
- ☐ 2.500,-- bis 3.499,--
- ☐ 3.500,-- bis 5.999,--
- ☐ 6.000,-- bis 8.499,--
- ☐ 8.500,-- bis 10.999,--
- ☐ 11.000,-- bis 13.499,--
- ☐ 13.500,-- bis 14.999,--
- ☐ 15.000,-- bis 19.999,--
- ☐ über 20.000,--

I have at least one other child in a paid public kindergarten :

- ☐ Yes
- ☐ No

If yes, enter the name of the fee-paying kindergarten here :

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:

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 Stadt Lörrach 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 Lörrach and agree that my data and the data of my children are electronically processed and passed on to the supervising organisation.

Datum	Unterschrift