

# Änderung der Anmeldung für die Schulkindbetreuung an der Ganztagesgrundschule Hochberg Klasse 1



**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:

- |   |  |
|---|--|
| <input type="checkbox"/> My child is gluten intolerant  | <input type="checkbox"/> My child is lactose intolerant  |
| <input type="checkbox"/> My child doesn't eat pork  | <input type="checkbox"/> My child is a vegetarian  |
| <input type="checkbox"/> After the end of the booked care, my child is allowed to go home alone | <input type="checkbox"/> My child is allowed to take part in excursions  |
| <input type="checkbox"/> My child can be creamed in the summer with available sunscreen         | <input type="checkbox"/> Photos showing my child may be published in the public press as well as used for public relations of the supervising organizations. |
| <input type="checkbox"/> Betreuer dürfen bei meinem Kind Zecken entfernen                       |  |

## Ganztagesgrundschule Hochberg Klasse 1 - Halbttag

Monday	Tuesday	Wednesday	Thursday	Friday
11:15 - 13:30 <input type="checkbox"/> book	12:00 - 13:00 (Mittagessen) <input type="checkbox"/> book	12:00 - 13:00 (Mittagessen) <input type="checkbox"/> book	12:00 - 13:00 (Mittagessen) <input type="checkbox"/> book	11:15 - 13:30 <input type="checkbox"/> book
11:15 - 14:45 <input type="checkbox"/> book				11:15 - 14:45 <input type="checkbox"/> book
12:00 - 13:00 (Mittagessen)				12:00 - 13:00 (Mittagessen)

Monday

Tuesday

Wednesday

Thursday

Friday

**book**

**book**

## Parent or legal guardian

**E-mail:**

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**Phone number:**

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**Firstname:**

**Lastname:**

**Street:**

**Address suffix:**

**Postcode:**

**City:**

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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 :

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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:

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Telephone number for possible emergencies:

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Other persons entitled to pick-up:

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**Geschwisterkind 1:**

**Firstname:**

---

**Lastname:**

---

**Geburtsdatum:**

---

**Geschwisterkind 2:**

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Firstname:

Lastname:

Geburtsdatum:

Geschwisterkind 3:

Firstname:

Lastname:

Geburtsdatum:

Account holder:

IBAN:

BIC:

I have read and accept the general terms and conditions of the Stadtverwaltung Remseck am Neckar 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 Stadtverwaltung Remseck am Neckar and agree that my data and the data of my children are electronically processed and passed on to the supervising organisation.

Datum	Unterschrift