BAYERISCHES ROTES KREUZ KREISVERBAND AMBERG-SULZBACH Kindertagesstätte St. Barbara



Vormerkblatt

Personal information of the child

Last Name:	First Name:		
Street:	Zip/City:		
Date of Birth:	Nationality:		
Gender:			
Is hereby registered for the enrollment into the BRK Kita St. Barbara, starting: □ Infantroom □ Toddlerroom □ Preschool / Kindergarten			

Personal information of the parents/legal guardians

reisonal information of the parents/legal guardians					
Mother:	Father:				
Last Name:	Last Name:				
First Name:	First Name:				
Street:	Street:				
Zip/City:	Zip/City:				
Home phone:	Home phone:				
Work phone:	Work phone:				
Cell phone:	Cell phone:				
E-mail address:	E-mail address:				
Nationality:	Nationality:				
Legal guardians:					

Primary hours of care: following booking time are requested within the opening hours: (Changes are still possible)

		Monday Tuesday		Wednesday		Thursday		Friday			
			Pick up time	Drop off time	Pick up time						
Drop-off	07:00										
	07:15										
	07:30										
	07:45										
	08:00										
	08:15										
Pick up time	12:45										
	13:00										
	13:15										
	13:30										
	13:45										
	14:00										
	14:15										
	14:30										
	14:45										
	15:00										
	15:15										
	15:30										
	15:45										
	16:00										
	16:15										

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Vormarkhlatt

	BRK KINDERTAGESSTÄTTE VILSECK-SORGHOF	vormerkblatt	
Memo:			

Our pedagogical activities are in the morning from 8.30 to 12.45 hrs (= core time).

Drop off time means: The <u>earliest bring time</u> of your child is at your booking hours

Pick up time means: The <u>latest time</u> for picking up your child is by the end of the booked hours

If necessary aditional

ii necessary aurii	Ollai				
00onal hours can be booked at short notice within the regular opening hours, as long this is organiza-					
tional possible an	tional possible and conceptually justifiable.				
Change of fewer	booking hours a mont	h's notice must be o	observed.		
Lunch:					
Warm lunch is red	quested:	0 Yes	0 No		
1. Particular em	ergency situation of	the legal guardiar	ns which requires priority admission of		
the child:					
2 Different impo	ortant information re	guire priority admi	ssion of the child:		
		quire priority daiii.			
3 Particular red	uirements for specia	al needs care (e.g.	disability):		
o. i articular req	direction to specie	ai riccus care (c.g.	disability).		
4. Number and	age of siblings:				
	J	other Daycares / K	indergarten: yes: No: Preferred		
Daycare / Kin	idergarten:				
6. We are aware	e that the child can o	only be enrolled wi	th complete measles vaccination pro-		
tection:					
7. We agree tha	at the provided data	could be exchange	ed among local Daycares / Kindergar-		
tens.					
I/we agree that the provided data will be stored and process in a data processing systems. The director of the facility is entitled to observe the legal guardians national insurance card. The data protection regulations are observed.					
I/we agree that the Kindergarten may transfer the following date to the municipality of the child's place of residence or locations of the facility for planning purposes: Name, address and date of birth of the child and the legal guardians.					
	Iment of the child to the structure the legal guardian		ergarten only arises once a care contract has the facility.		
City, Date	Signature(s) of the pare	ent(s)/legal guardian(s	s):		
_					
Mill be filled out b	w the Kindergarten Dir	o oto vi			

Will be filled out by the Kindergarten Director:					
Received registration on:	Enrollment of the child on:	Decline Letter sent on:			
Date, Signature:					