

Registration form

PLEASE FILL IN BLOCK LETTERS!

Inklusiver Kindergarten der Lebenshilfe e.V.

- Donato-Polli-Str. 13, 91056 Erlangen Schenkstr. 111a, 91052 Erlangen
 Waldstr. 15, 90542 Eckental-Eckenhaid

represented by business executive Kristian Gäbler.

Date of entry: _____

Type of occupancy: healing pedagogy regular
 under 3 years

First name, Surname: _____ **Date of birth:** _____

female male

Place of birth: _____ nationality: _____ confession: _____

Adress of child (if different of parents):

Street: _____ City: _____

Persons of custody

1.	2.
_____ Surname and first name	_____ Surname and first name
_____ Date of birth	_____ Date of birth
_____ Street / Hausenumber	_____ Street / Hausenumber
_____ Zip Code / City	_____ Zip Code / City
_____ nationality	_____ nationality
_____ Relation to the child (mother, father etc.)	_____ Relation to the child (mother, father etc.)
_____ Phone	_____ Phone
_____ E-Mail	_____ E-Mail
_____ Profession	_____ Profession

Authorized to pick up child as well: (voluntary informations)

1. _____	2. _____
Surname, first name	Surname, first name
_____	_____
Phone	Phone
_____	_____
Relation to child	Relation to child

Insurance company: _____

Pediatrician (Adress, phonenumber): _____

Number of siblings: _____ **Date of birth:** _____ **Date of birth:** _____

Desired booking time:

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:00 *)					
7:30 - 8:00					
8:00 – 8:30					
8:30 – 12:30	X(Meantime)				
12:30 – 13:30					
13:30 – 14:30					
14:30 – 15:00					
15:30 – 16:30 **)					
16:30 – 17:00 **)					

*) Bring time for Kindertagesstätte Büchenbach - **) is not possible for Waldkindergarten!

X (Meantime): At least the meantime from Monday to Friday, 8.30 to 12.30 (all together 20 hours), has to be booked.

Please mark the Bring- and Pick up times for each day!

Participation at Lunch: YES NO **Particularities:** _____

Personal informations:

Details about special physical, mental or other characteristics of child:

Owns your child a: Disabled ID card with marks G aG B BI H 1.KI
 Heart Pass allergy ID card emergency card

An application has been given to the district of middle franconia (Bezirk Mittelfranken) for integration assistance of curative educations? YES NO

Does youth welfare office (Jugendamt) have an application for the payment of fees and contributions for Day care centers? YES NO

Care until now: _____

I agree to be included in a common adress list.

A data comparison between the day care centers can be done to determine the current requirements.

Date, Signature Persons of custody:

Lebenshilfe Erlangen e.V.
Vorsitzender:
Frank Morell
Geschäftsführer:
Kristian Gäbler

Geschäftskonto:
Sparkasse Erlangen
BIC BYLADEM1ERH
IBAN: DE54 7635 0000 0010 0005 02

Vereinsregister Fürth
Nummer: 20176
Steuernummer:
216/109/70114

Spendenkonten
Sparkasse Erlangen
IBAN: DE39 7635 0000 0000 0009 45
VR-Bank Erlangen
IBAN: DE43 7636 0033 0000 0009 49