



Lörrach

## Änderung der Anmeldung für die Schulkindbetreuung an der Albert-Schweitzer- Schule



**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:**

- Halbtage  
 Ganztage

**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<br>is allowed to go home alone | <input type="checkbox"/> My child is allowed to take part in<br>excursions  |
| <input type="checkbox"/> My child can be creamed in the summer<br>with available sunscreen         | <input type="checkbox"/> Photos showing my child may be<br>published in the public press as well as<br>used for public relations of the<br>supervising organizations. |
| <input type="checkbox"/> Betreuer dürfen bei meinem Kind Zecken<br>entfernen                       |   |

## Albert-Schweitzer-Schule - \_\_Halbtage

Monday

Tuesday

Wednesday

Thursday

Friday

Monday	Tuesday	Wednesday	Thursday	Friday
07:00 - 08:30 <input type="checkbox"/> book	07:00 - 08:30 <input type="checkbox"/> book	07:00 - 08:30 <input type="checkbox"/> book	07:00 - 08:30 <input type="checkbox"/> book	07:00 - 08:30 <input type="checkbox"/> book
12:00 - 13:00 <input type="checkbox"/> book	12:00 - 13:00 <input type="checkbox"/> book	12:00 - 13:00 <input type="checkbox"/> book	12:00 - 13:00 <input type="checkbox"/> book	12:00 - 13:00 <input type="checkbox"/> book

## 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 SAK Lörrach e.V. to collect payments from my account by direct debit. At the same time, I instruct my credit institution, which will be SAK Lörrach e.V. 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