

# Änderung der Anmeldung für die Schulkindbetreuung an der Otfried-Preußler- Schule



**Bei nachträglichen Änderungen in der Anmeldung müssen mindestens die roten Felder ausgefüllt sein.**

# Child

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**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:

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

## Otfried-Preußler-Schule - Halbtage

Monday

Tuesday

Wednesday

Thursday

Friday

12:05 - 13:30

12:05 - 15:45

12:05 - 13:30

12:05 - 15:45

11:15 - 13:30

book

book

book

book

book

## Parent or legal guardian

**E-mail:**

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**Phone number:**

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**Firstname:**

**Lastname:**

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**Street:**

**Address suffix:**

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**Postcode:**

**City:**

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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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**Anzahl der kindergeldberechtigten Kinder im selben Haushalt:**

**Geschwisterkind 1:**

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**Firstname:**

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**Lastname:**

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**Geburtsdatum:**

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**Geschwisterkind 2:**

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**Firstname:**

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**Lastname:**

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**Geburtsdatum:**

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**Geschwisterkind 3:**

Firstname:

Lastname:

Geburtsdatum:

Beziehen Sie Leistungen nach dem SGB II, SGB XII, AsylbLG, Wohngeld oder Jugendhilfe:

Yes  
 No

**Other authorized persons**

E-mail:

Phone number:

Firstname:

Lastname:

Street:

Address suffix:

Postcode:

City:

Account holder:

IBAN:

BIC:

**I have read and accept the general terms and conditions of the Stadt Schorndorf 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 Schorndorf and agree that my data and the data of my children are electronically processed and passed on to the supervising organisation.**

<b>Datum</b>	<b>Unterschrift</b>