

# Änderung der Anmeldung für die Schulkindbetreuung an der Staatliche Realschule Bad Tölz



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

# Child

**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 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                     |  |

## Staatliche Realschule Bad Tölz - \_\_Ganztage

Monday

Tuesday

Wednesday

Thursday

Friday

|   |   |   |   |  |
|---|---|---|---|--|
| <b>08:00 - 15:55</b><br><input type="checkbox"/> book | <b>08:00 - 15:55</b><br><input type="checkbox"/> book | <b>08:00 - 15:55</b><br><input type="checkbox"/> book | <b>08:00 - 15:55</b><br><input type="checkbox"/> book |  |
|---|---|---|---|--|

## Parent or legal guardian

E-mail:

Phone number:

Firstname:

Lastname:

Street:

Address suffix:

Postcode:

City:

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:

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

- Yes
- No

Account holder:

IBAN:

BIC:

I authorize the supervising organization Marie-Luise-Schultze-Jahn. Trägerverein Betreuung e. V. to collect payments from my account by direct debit. At the same time, I instruct my credit institution, which will be Marie-Luise-Schultze-Jahn. Trägerverein Betreuung e. V. pay debits drawn on my account.

I have read and accept the general terms and conditions of the Marie-Luise-Schultze-Jahn. Trägerverein Betreuung e.V. 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 Marie-Luise-Schultze-Jahn. Trägerverein  
Betreuung e.V. 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> |