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.

Marie-Luise-Schultze-Jahn. Trägerverein Betreuung e. V. | Alter Bahnhofsplatz 7 | 83646 Bad Tölz
Tel.: 080417932410 | E-Mail:traegerverein@foerderzentrum-bad-toelz.de
IBAN: DE52700543060011923760 | BIC: BYLADEM1WOR| Bank: Sparkasse Bad Toelz-Wolfratshausen

Child

Firstname:	Lastname:
Year:	Date of Birth:
School form:	☐ Halbtag ☐ Ganztag
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

Staatliche Realschule Bad Tölz - __Ganztag

Monday	Tuesday	Wednesday	Thursday	Friday
08:00 - 15:55 ☐ book	08:00 - 15:55 ☐ book	08:00 - 15:55 ☐ book	08:00 - 15:55 ☐ book	

Parent or legal guardian

E-mail:	
Phone number:	
Firstname:	**Lastname:**
Street:	**Address suffix:**
Postcode:	**City:**

Employment situation of parent or legal guardian:

- ☐ Singe parent / legal guardian is working
- ☐ Singe 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.**

Datum	**Unterschrift**