

Änderung der Anmeldung für die Schulkindbetreuung an der Marie-Luise-Schultze- Jahn Schule Bad Tölz

Marie Luise
Schultze Jahn

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

Child

Security code on change:

 You will find this in the booking confirmation you received by email.

Firstname:

Lastname:

Year:

Date of Birth:

School form:

- Halbttag
 Ganzttag

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 | |

Marie-Luise-Schultze-Jahn Schule Bad Tölz - __Ganzttag

Monday	Tuesday	Wednesday	Thursday	Friday
08:00 - 15:45 <input type="checkbox"/> book	08:00 - 15:45 <input type="checkbox"/> book	08:00 - 15:45 <input type="checkbox"/> book	08:00 - 15:45 <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 Trägerschaft 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 Trägerschaft 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