

## 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

**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

## Marie-Luise-Schultze-Jahn Schule Bad Tölz - Ganztage

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	08:00 - 14:00 <input type="checkbox"/> book
				08:00 - 15:00 <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>