



Änderung der Anmeldung für die Schulkindbetreuung an der Hans-Thoma- Grundschule Warmbach



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

Child

__ . __ . __

**__Diese Änderung/Neuanmeldung soll
am dd.mm.yyyy in Kraft treten :**

Firstname:

Lastname:

Year:

Date of Birth:

School form:

☐

Halbttag

☐

Ganzttag

**My child is vaccinated against measles / already
immune:**

☐

Ja

Hans-Thoma-Grundschule Warmbach - __Ganzttag

Monday

Tuesday

Wednesday

Thursday

Friday

07:00 - 08:00 ☐ book	07:00 - 08:00 ☐ book	07:00 - 08:00 ☐ book	07:00 - 08:00 ☐ book	07:00 - 08:00 ☐ book
12:30 - 15:00 ☐ book	15:00 - 16:00 ☐ book	15:00 - 16:00 ☐ book	15:00 - 16:00 ☐ book	11:30 - 13:00 ☐ book
15:00 - 16:00 ☐ book	16:00 - 17:30 ☐ book	16:00 - 17:30 ☐ book	16:00 - 17:30 ☐ book	
16:00 - 17:30 ☐ book				

Parent or legal guardian

E-mail:

Phone number:

Firstname:

Lastname:

Street:

Address suffix:

Postcode:

City:

Gross household income per month:

☐

Normaltarif
(Kosten/Monat)

☐

Sozialtarif
(Kosten/Monat)

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 Dieter-Kaltenbach-Stiftung to collect payments from my account by direct debit. At the same time, I instruct my credit institution, which will be Dieter-Kaltenbach-Stiftung pay debits drawn on my account.

☐

I have read and accept the general terms and conditions of the Dieter-Kaltenbach-Stiftung 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.

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I have read the privacy policy of Dieter-Kaltenbach-Stiftung and agree that my data and the data of my children are electronically processed and passed on to the supervising organisation.

Datum	Unterschrift