Remseck am Neckar
Große Kreisstadt

Remseck am Neckar
Große Kreisstadt

Änderung der Anmeldung für die Schulkindbetreuung an der Grundschule Hochberg Klasse 2-4

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

Stadtverwaltung Remseck am Neckar | Marktplatz 1 | 71686 Remseck am Neckar
Tel.: 07146 2809-2512 | E-Mail:schulkindbetreuung@remseck.de
IBAN: DE23 6045 0050 0000 0060 35 | BIC: SOLADES1LBG| Bank: Kreissparkasse Ludwigsburg

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**

Grundschule Hochberg Klasse 2-4 - Half-day

Monday	Tuesday	Wednesday	Thursday	Friday
07:00 - 07:45 ☐ **book**				

Parent or legal guardian

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

I have at least one other child in a paid public kindergarten :	☐ **Yes** ☐ **No**
If yes, enter the name of the fee-paying kindergarten here :	

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:	

Sibling 1:	
Firstname:	
Lastname:	
Date of birth:	

Sibling 2:

Firstname:	
Lastname:	
Date of birth:	
Sibling 3:	
Firstname:	
Lastname:	
Date of birth:	

Account holder:	
IBAN:	**BIC:**

☐ **I have read and accept the general terms and conditions of the Stadtverwaltung Remseck am Neckar 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 Stadtverwaltung Remseck am Neckar and agree that my data and the data of my children are electronically processed and passed on to the supervising organisation.**

Datum	**Unterschrift**