

Registration form

Altstetten Fluntern Kalkbreite Oerlikon

Child Information

Name and surname
(underline preferred name) _____

Street address _____

Post code/place _____ Date of birth _____

Nationality _____ Native language _____

Entry Preferences

Required number of days/desired weekdays _____

Preferred start time _____ Preferred pick-up time _____
(6.30 - 9.00 a.m.) (as of 4 p.m.)

Requested entry date _____

How did you hear about us? _____

Parent Information

1. Parent Mother Father

Name and surname _____

Address _____

Phone (home) _____ Mobile _____

Phone (work) _____ E-Mail _____

Nationality _____ Profession _____

2. Parent Mother Father

Name and surname _____

Address _____

Phone (home) _____ Mobile _____

Phone (work) _____ E-Mail _____

Nationality _____ Profession _____

Legal guardian

Parent's name _____
Both
Other Name _____
Address _____

Invoice recipient

Parent's name _____
Other Name _____
Address _____

Subsidized childcare place Yes No
Care of a child with special needs (KmbB) Yes No

Supplements for a subsidized childcare place

Contributory factor confirmation

Confirmation of subsidized childcare

In the case of a subsidized childcare place, a contract can only be issued after all necessary documents have been submitted.

Parents are required to report any changes to the information provided on this form, including supplements, to the KiTa management.

By signing, I agree that the data collected on this registration form may be recorded and stored. Detailed information on our data protection declaration can be found at www.bethanien.ch/impressum.

Place/Date _____

Signature of parents or
legal guardians _____



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