

Die Waldwichtel- Quimperléstr.100- 52511 Geilenkirchen

Ansprechpartnerin:
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Leiterin

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www.Die-Waldwichtel.net

Registration

1. Child details

Name:		First name:	
Date of birth		Place of birth	
Konfession:		Citizen:	
Sex:			
Brothers/sisters (date of birth)	1.	2.	3.

Does a brother/sister visit another Kindergarten? _____
(Name of Kindergarten)

Are you alone educator? Ja Nein
If yes, who is educator by law ? _____

2. Parents details

Mother

Name:		First name:	
Date of birth:		Place of birth:	
Konfession:		Citizen:	
Zip-Nº:		City:	
Adress:		Telephonenumber:	
Profession:		E-Mail:	
Employer:		License-Plate Nº*	
Health insurance:		Passport Nº.*	

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Father

Name:		First name:	
Date of birth:		Place of birth:	
Konfession:		Citizen:	
Zip-Nº:		City:	

Bankverbindung:

Raiffeisenbank
Geilenkirchen
Konto 1024174014
BLZ 37069302



Adress:		Telephonenumber:	
Profession:		E-Mail:	
Employer:		License-Plate N ^o *	
Health insurance:		Passport N ^o .:*	

* For the base-passport

3. Who is allowed to pick up your child from the Kindergarten?

4. Whom to call in emergency:

Name:	Telephonenr.:
Name:	Telephonenr.:

The childs doctor ?

5. Got over Illnesses:

Measles German measles scarlet fever Diphterie tuberculosis
 typhoid paratyphoid jaundice other _____

6. Vaccinations / Children Examinations

Tetanus 1. am _____ 2. am _____ 3. am _____
 further Vaccinations _____
 U 8 already done, on _____

Admission from: _____ Stay over midtime Yes No

Stay over midtime (reason why):

I agree, that name, firstname, phonenumber, adress, e-mail of my children will be posted on a list in the Kindergarten.

Place, Date

Sign, both parents or educators