Anmeldeformular KitS-Kita

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| --- | --- |
|  | Kind |
| Vorname |       |
| Nachname |       |
| Geburtsdatum |       |
| AHV-Nummer |       |
| Geschwister |       |

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| --- | --- | --- |
|  | Elternteil 1 | Elternteil 2 |
| Vorname |       |       |
| Nachname |       |       |
| Zivilstand |       |       |
| Adresse |       |       |
| PLZ, Ort |       |       |
| Telefon / Mobile |       |       |
| Arbeitgeber |       |       |
| Telefon Geschäft |       |       |
| E-Mail |       |       |
| Wohnadresse Kind |[ ] [ ]

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| --- | --- | --- | --- | --- | --- |
| **Gewünschte Tage** | Montag | Dienstag | Mittwoch | Donnerstag | Freitag |
| Ganzer Tag |[ ] [ ] [ ] [ ] [ ]
| Halbtag 06.45- 14.00 |[ ] [ ] [ ] [ ] [ ]
| Halbtag 11.00-18.00 |[ ] [ ] [ ] [ ] [ ]
| Mittag\* 12.00-13.30 |[ ] [ ] [ ] [ ] [ ]

\*nur Kindergartenkinder

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| Alternativ Tage: |       |

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| --- | --- |
| Gewünschter Eintritt: |       |

Bemerkungen:

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|       |
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| --- | --- |
| Ort, Datum: |       |

Unterschriften:

|  |  |  |
| --- | --- | --- |
|  |  |  |

Alle Informationen unterstehen der beruflichen Schweigepflicht und werden von den Mitarbeiter/innen der Tagesbetreuung KitS streng vertraulich behandelt.