



Application Form

Desired entry date: _____ . _____ . _____

(please tick)

Krippe:

5 hours

6 hours

8 hours

10 hours

12 hours

Elementar:

5 hours

6 hours

8 hours

10 hours

12 hours

Child:

boy / girl

Surname: _____

First Name: _____

Date of birth: _____ . _____ . _____

Native language: _____

Mother:

Name: _____

First Name: _____

Occupation: _____

Language: _____

Father:

Name: _____

First Name: _____

Occupation: _____

Language: _____

Address:

Street / Number: _____

Postal code: _____

Phone: _____

Mobile: _____

Email Address: _____

Do you already have a child in our Kindergarden?

Yes

Child's first name: _____

Krippe / Elementar

No

Date/ Signature of all legal guardians
