



Registration / Application for childcare facility

(please tick)

AWO Kinderhaus Kleiner Stern Krippe <input type="checkbox"/>	AWO Kinderkrippe Sonnenschein <input type="checkbox"/>
AWO Kinderhaus Kleiner Stern KiGa <input type="checkbox"/>	AWO Erna-Zink-Kindergarten <input type="checkbox"/>
Preferred starting date:	AWO Kinderneest Anny Frank <input type="checkbox"/>

1. Personal data of the child

Surname, First name of the child	
Gender	
Place of birth	
Date of birth	
Nationality	
Country of origin / First language	
Address (Street, Postal code, City)	

2. Personal data of the parents/guardians

Surname, First name of mother:	
Telephone private:	
Mobile:	
Telephone work:	
Email:	
Employer:	
Surname, First name of father:	
Telephone private:	
Mobile:	
Telephone work:	
Email:	
Employer:	

* Name of employer is essential to enable us to plan possible contingency places

I/We require day care in the facility daily at the following times (expected):

	Mon	Tue	Wed	Thu	Fri
from	o'clock	o'clock	o'clock	o'clock	o'clock
to	o'clock	o'clock	o'clock	o'clock	o'clock

My/our child has attended the following groups (e.g. creche, nursery etc.):

.....

.....

.....

My/our child urgently requires a place because:

.....

.....

.....

I/We would like the childcare facility to include the following:

.....

.....

.....

Our child has already attended an AWO childcare facility in Erlangen:

.....

Declaration of consent regarding synchronization of data

In order to calculate the current requirement of places for youth welfare planning, your consent is needed to allow us to synchronize data between the childcare facilities in our local district. This process bears no influence on the distribution of places.

Yes, I agree

No, I do not agree

How did you find out about us?

Company contingency/Intranet Internet Recommendation Other source

Important notice in case you have applied to more than one of our childcare facilities. As soon as you have signed a legally binding contract in one of our childcare facilities, you will be removed from other waiting lists.

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Place, Date

.....
Signature of parent/guardian

.....
Signature of parent/guardian