



Arbeiterwohlfahrt Kreisverband Erlangen-Höchstadt e.V.
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Change of address

Details of the Child

Surname, First name:
Date of birth:
Group:
Old address:

New address:

Date of registration:
Street:
Place:
Tel. Nr.:

additional:

Erlangen, _____

Signature of parent/guardian:

Signature of the owner, represented by the
head of the nursery school