

Interesst list

Date:

Desired start date:

Child

Last name:	First name:	DOB:	Gender: male <input type="checkbox"/> female <input type="checkbox"/>
Daily number of hours:	Contract with another nursery? yes <input type="checkbox"/> no <input type="checkbox"/>	Citizenship:	Legal guardian:

Parent 1

Last name:	First name:	DOB:	Citizenship:
Address:	Phone private: Phone work:	Email:	Job/employer:

Parent 2

Last name:	First name:	DOB:	Citizenship:
Address:	Phone private: Phone work:	Email:	Job/employer:

Neuaufnahme (will be filled in by Kita personnel)

Gruppe	
Erzieher*in	
Bemerkungen	