

REGISTRATION FORM (PRE) KINDERGARTEN

please tick: PREKINDERGARTEN KINDERGARTEN

Surname of child:

First name:

Date of birth:

gender:: male female divers

current adress:

new adress:

date of move:

SURNAME mother of child:

First name:

Date of birth:

Phone number:

E-Mailadress:

Please mark with a cross: at home looking for work working

Name of employer:

Adress of employer:

SURNAME father of child:

First name:

Date of birth:

Phone number:

E-Mailadress:

Please mark with a cross: at home looking for work working

Name of employer:

Adress of employer:



INTEGRATION

Integration has nothing to do with language!

An integration place is only needed if the child had, for example, a developmental delay or special needs or severe surgery!

If you need an integration place we would also need all findings!

Integration place YES NO

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CHILDCARECENTER

Two requests must be specific

KINDERGARTEN

First priority:

Second priority:

Starting date:

(from 3 years-old)

Two requests must be specific

PREKINDERGARTEN

First priority:

Second priority:

Starting date:

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