

Gemeinde Gilching

Registration kindergarten for the school year 2020/2021

() My/our child did not attend a child-care center in Gilching in the school year 2019/2020

() My/our child is currently attending the center _____; however
would like to change as of school year 2020/2021 to _____.

Child:

- Son**
 Daughter

Name: _____ First Name: _____

Date of birth: _____ Place of Birth : _____

Nationality: _____ Language spoken: _____

Address: _____

Insurance: _____ Religious denomination: _____

Mother:

Name: _____ First Name: _____

Address: _____

phone (private): _____ phone (mobile): _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____ E-Mail address: _____

() **working** if so, () employed () free-lance

Please enclose employer's certificate if available.

() certificate enclosed

() **not working** () employment / education starting :

Employer's Certificate Mother

We herewith certify that

Mrs

(first and last name)

(living in)

Is employed since _____ will be employed as of _____ .

Working hours:

Working Day	from	to
Monday	a.m.	a.m.
Tuesday	a.m.	a.m.
Wednesday	a.m.	a.m.
Thursday	a.m.	a.m.
Friday	a.m.	a.m.

Date

Signature and Companystamp

Father:

Name: _____ First Name: _____

Address: _____

phone (private): _____ phone (mobile): _____

Date of Birth: _____ Place of Birth: _____

Nationality: _____ E-Mail address: _____

working if so, employed free-lance

Please enclose employer's certificate if available.

certificate enclosed

not working employment / education starting :

Employer's Certificate Father

We herewith certify that

Mr

(first and last name)

(living in)

Is employed since _____ will be employed as of _____.

Working hours:

Working Day	from	to
Monday	a.m.	a.m.
Tuesday	a.m.	a.m.
Wednesday	a.m.	a.m.
Thursday	a.m.	a.m.
Friday	a.m.	a.m.

Date

Signature and Companystamp

Marital Status: () married () single () divorced () separate () widowed

Legal Custody is with: () Mother () Father () both parents
() legal guardian (Name, first name, address): _____

() My/our child needs special education according to the German Law (SGB VII) (so-called integration place)

() special treatment required (illness, allergy, handicap etc.)

() immunization record:

() medical report : () yes () no

I/We would like to have our child in care on the following days / times:

attendance	Monday	Tuesday	Wednesday	Thursday	Friday
beginning (time)					
end (time)					

Meal at lunch: () yes () no

One Choice only!

Kindergarten	Kindergarten
Kindergarten „Kinderfarm“	Kindergarten Geisenbrunn
Kindergarten „Wichelhaus“	Kindergarten „Gilchinger Strolche“
Montessori-Kindergarten	BIV-Kindergarten
Ev. Kindergarten St. Johannes	Kath. Kindergarten St. Sebastian
Kindergarten „KinderArt“	Kindergarten „FortSchritt“
Haus für Kinder	BRK Schatzkiste
MuKuNa Naturkindergarten	

Why do I/do we prefer this center?

Why am I/are we in urgent need of a place?

- () child's last year before school
- () single parent employed or with future employment
- () single parent without employment in difficult financial situation
- () single parent living in de facto relationship
- () both parents employed
- () family's siblings are currently attending the Gilching center _____
- () child in need of social integration
- () new residents; child has attended kindergarten before moving (
-) child is attending kindergarten and would like to change center
- () other: _____

Beginning desired :

Hinweis zum Datenschutz:

Mit der Weitergabe personen- und/oder sachbezogener Daten in dieser Anmeldung an den Träger/andere Träger im Gemeindegebiet, die Gemeinde des angemeldeten Kindes und der Sorgeberechtigten, sowie dem Landratsamt Starnberg, als örtlichen Träger der öffentlichen Jugendhilfe wird Einverständnis erklärt, soweit die Datenweitergabe für Bedarfsplanungen, Kapazitätsberechnungen, die Erkennung von Mehrfachmeldungen und Anfragen, sowie Platzangebote außerhalb des Gemeindegebietes erforderlich ist.

I/We herewith certify that the above information is true and correct.

Gilching, _____

signature guardian(s)

I/We understand that if I/we do not provide correct information, I/we may lose our child's offer.

To be signed by the director of the center:

Employer's certificate enclosed

Gilching, _____

Signature director