

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 Company stamp

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:

from – to (time)
Monday
Tuesday
Wednesday
Thursday
Friday

Meal at lunch: () yes () no

One Choice only! Compulsory full-time care or individual care

full-time (compulsory)	individual care
ev. Hort St. Johannes	Arnoldus Grundschule
kath. Hort St. Sebastian	James-Krüss-Grundschule
Hort der Diakonie	
Integratives Kinderhaus „KinderArt“	
Gemeinde-Hort „Villa Holzwurm“	

Why do I/do we prefer this center?

Fill in only if „full-time care“ chosen!

During holidays I/we will need the following day-care times:

from – to (time)
Monday
Tuesday
Wednesday
Thursday
Friday

- | | |
|---|---|
| <input type="checkbox"/> Easter Holidays | <input type="checkbox"/> Carnival Holidays |
| <input type="checkbox"/> Pentecost Holidays | <input type="checkbox"/> Autumn Holidays |
| <input type="checkbox"/> Summer Holidays | <input type="checkbox"/> Day of Prayer and Repentance |

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

- care case in the family
- single parent employed or with future employment (certificate of daily working hours mandatory)
- single parent without employment in difficult financial situation
- single parent living in de facto relationship
- both parents employed
- family's siblings are currently attending Gilching center _____
- child in need of social integration
- new residents
- other: _____

Declaration on Data Protection:

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 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.