



Registration

Child

Name/First Name _____ Date of Birth _____

Mother

Name/First Name _____ Date of Birth _____

Profession _____

Street _____ Email _____

ZIP/City _____ Telephone (H) _____

Company _____ Telephone (O) _____

Street _____ Mobile _____

ZIP/City _____

Father

Name/First Name _____ Date of Birth _____

Profession _____

Street _____ Email _____

ZIP/City _____ Telephone (H) _____

Company _____ Telephone (O) _____

Street _____ Mobile _____

ZIP/City _____

Liability Insurance _____

Health Insurance _____

Pediatrician/Telephone _____

Known Allergies _____

Vaccinations/Medication _____

Remarks _____

Admission Date _____

Care Days	Monday	Tuesday	Wednesday	Thursday	Friday
Please tick					

Nursery Visitation _____

I/We have taken notice of the contractual provisions in the internet Homepage Kinderkrippe Little Einsteins and I/we accept them.

Signature Mother _____ Place/Date _____

Signature Father _____ Place/Date _____