|  |
| --- |
| logo  **Anmeldung** |

Ronmatte 6

6033 Buchrain

[info@chenderhus-raegeboge.ch](mailto:info@chenderhus-raegeboge.ch)

www.chenderhus-raegeboge.ch

Tel: 041 440 77 11

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Kind** | |  | | |  | | |  | | |
| Name | |  | | | Vorname | | |  | | |
| Geburtsdatum | | Datum | | | Nationalität | | |  | | |
| Heimatort | |  | | | Konfession | | |  | | |
| Muttersprache | |  | | | Weitere | | |  | | |
| Strasse | |  | | | Sprachen | | |  | | |
| PLZ Ort | |  | | |  | | |  | | |
|  | |  | | |  | | |  | | |
| **Geschwister** | |  | | |  | | |  | | |
| Name und Jahrgang | |  | | | | | | | | |
|  | |  | | |  | | |  | | |
| **Eltern** | |  | | |  | | |  | | |
| **Mutter** Name | |  | | | Vorname | | |  | | |
| Beruf | |  | | | Strasse | | |  | | |
| Telefon (G) | |  | | | PLZ Ort | | |  | | |
| Telefon (P) | |  | | | E-mail | | |  | | |
| Mobile | |  | | |  | | |  | | |
|  | |  | | |  | | |  | | |
| **Vater** Name | |  | | | Vorname | | |  | | |
| Beruf | |  | | | Strasse | | |  | | |
| Telefon (G) | |  | | | PLZ Ort | | |  | | |
| Telefon (P) | |  | | | E-mail | | |  | | |
| Mobile | |  | | |  | | |  | | |
| Erziehungsberechtigt | |  | | | Verheiratet | | | JaNein | | |
|  | |  | | |  | | |  | | |
| Weitere Kontaktperson | |  | | | Telefon | | |  | | |
| Kinderarzt | |  | | |  | | |  | | |
| Zahnarzt | |  | | |  | | |  | | |
|  | |  | | |  | | |  | | |
| **Tagesbetreuung** | | | | | | | |  | | |
| **Montag** | **Dienstag** | | | **Mittwoch** | | **Donnerstag** | | | | **Freitag** |
| Gewünschtes Eintrittsdatum: | | | **Datum** | | | | (Rechnen Sie bitte mit min. 2 Wochen  Eingewöhnungszeit für Ihr Kind) | | | |
|  | |  | | |  | | | |  | |
|  | |  | | |  | | | |  | |
| Bemerkungen | |  | | | | | | | | |
|  | | | | | | | | | | |
| Ort und Datum | | | Datum | | Unterschrift/en | | | |  | |