



REGISTRATION FORM

Hoard Big Birds

REGISTRANT INFORMATION

CHILD

Last Name: _____

First Name: _____

Date of birth: _____

Nationality: _____

Native Language: _____

Other languages spoken: _____

Please provide us with any information regard to medications, illnesses, allergies, special habits/needs, diet of which the daycare should be aware.



PARENTS INFORMATION AND BILLING ADDRESS

Last name: _____

Date of birth: _____

Nationality: _____

Street: _____

ZIP/Town: _____

Mobile: _____

Telephone(home): _____

Telephone(work): _____

E-mail: _____

PEDIATRICIAN

Doctor's name: _____

Address: _____

Office telephone: _____

EMERGENCY CONTACT

Name: _____ Telephone: _____

Address: _____



REGISTRATION:

We check the availability of a space according to this registration form. If we can take up your child we will send you a contract. Please countersign and send this contract back within 10 days.

Date of entry: _____

Please check desired care days

Care hours hoard Big Birds:

	Monday	Tuesday	Wednesday	Thursday	Friday
morning table 6:45 a.m. – 8:00 a.m. 15 CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lunch table 11:30 a.m. – 1:30 p.m. 25 CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
½ day 6:45 a.m. – 11:30 a.m. 50 CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
½ day 1:30 p.m.– 7:00 p.m. 50 CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
¼ day 3:00 p.m. – 7:00 p.m. 40 CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
transport 5 CHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collection from					
Friday day care whole day: 90CHF			<input type="checkbox"/>		



PLEASE CHECK IF IN AGREEMENT

We/I hereby confirm that we are covered by an accident, liability and health insurance.

In the event of an illness or medical emergency we/I hereby authorize Kita am See to take my/our child to a local pediatrician, doctor or hospital. All related costs must, in full, be covered by the parent(s)/guardian.

Photos of my child can be published on the website of Kita am See (without naming the child, no portraits)

Place / Date: _____ Place / Date: _____

Mother/Guardian's Signature:

Father/Guardian's Signature:
