

KiTa Schatzinsel

Schlossrebenrain 9 CH 4102 Binningen

+41 61 423 01 33 info@kitaschatzinsel.ch

Enrollment | Contract

Surname First Name Address Post Code City Date of Birth Nationality Phone Family Doctor Phone Dentist Does your child suffer from any allergies? If yes, provide details:

| Does your child suffer from a contagious disease? | Yes | ☐ No |
|---|-----|------|
| If yes, provide details: | | |
| Does your child need any me ☐ Yes ☐ No If yes, please bring prescript | | |
| Particularities (e.g. special food) | | |
| Parent Details (Mother/Father) | | |
| Surname | | |
| First Name | | |
| Address | | |
| Post Code | | |
| City | | |
| Home Phone | | |
| Work Phone | | |
| Mobile | | |
| Email | | |
| Date of Birth | | |

Billing Address

| Tuesday | | Surname | | |
|--|-----------------|------------------|-------------------|--------------|
| Post Code City We wish the following care days starting (month) Full Day Before Noon 7 am 7 am 11:30 am to 6:30 pm to 2 pm to 6:30 pm Monday Tuesday Wednesday Thursday Friday Noon 1:45 pm 3:45 pm Monday Tuesday Wednesday Tuesday Tuesday Noon 1:45 pm 3:45 pm Monday Tuesday Tuesday Tuesday Monday Tuesday | | First Name | | |
| We wish the following care days starting (month) | | Address | | |
| We wish the following care days starting (month) | | Post Code | | |
| We wish the following care days starting (month) Full Day | | | | |
| Full Day Before Noon 7 am | | City | | |
| 7 am | We wish the | e following care | days starting (mo | onth) |
| to 6:30 pm to 2 pm to 6:30 pm Monday | | Full Day | Before Noon | Afternoon |
| Monday | | | | |
| Tuesday | | to 6:30 pm | to 2 pm | to 6:30 pm |
| Wednesday | <u>-</u> | | | |
| Thursday | - | | | |
| Friday | - | | | |
| including accompaniment (Kindergarten - KiTa)* Noon | Thursday | | | |
| Noon 1:45 pm 3:45 pm Monday | Friday | | | |
| Monday | including accon | - | - | |
| Tuesday | | Noon | 1:45 pm | 3:45 pm — |
| Wednesday Thursday | Monday | | | |
| Thursday | Tuesday | | | |
| | Wednesday | | | |
| Friday | Thursday | | | |
| | Friday | | | |

^{*} Pick-up times in accordance with the operational concept.

Are we allowed to publish pictures of your child ...

| on our website? | ☐ Yes | ☐ No | |
|---|--|---|--|
| in our flyer? | ☐ Yes | ☐ No | |
| on pictures inside the KiTa? | ☐ Yes | ☐ No | |
| in annuals or portfolios (farewell albums)? | Yes | □No | |
| How did you become aware of us? |) | | |
| | | | |
| | | | |
| The operational concept, the safety a are part of this contract. Likewise and Schatzinsel. They are attached to this confirm the receipt of these documer contractual obligations. Any changes form two months before they come in of the contract. | y other special agreemer s contract and with their ats and simultaneously d will be communicated to | ots with the KiTa signature the parents eclare to fulfill their the parents in written | |
| | | | |
| | Parents | | |
| Place/Date | F | Place/Date | |
| Andrea Hufschmid Educational Manager | | tje Rufle ional Manager | |

This contract will be in force from the date on which it is signed by all parties.