

## Registration form kindergarden

### Child

First Name/Surname:

Date of birth:

### legal guardian 1 (parent)

Name:

E-Mail:

Street:

Cell:

Location:

Phone:

Employer:

E-Mail:

Phone Office:

### Legal guardian 2 (parent)

Name:

E-Mail:

Street:

Cell:

Location:

Phone:

Employer:

E-Mail:

Phone Office:

health insurance company (Child):

Pediatrician's Name & Phone:

Known allergies:

medicaments:

special remarks:

date of admission:

Additional day of care:      Fri   
(Please tick)

I/we have read the terms and conditions and declare my/our agreement.

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Date and Parent's Signature 1

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Date and Parent's Signature 2

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Date and Signature

Mary Poppinz Kinderbetreuung GmbH

Sabine Eggenberger