

Registration form

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:

days of care

Mon

Tue

Wed

Thu

Fri

(Please tick)

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

Date and Parent's Signature 1

Date and Parent's Signature 2

Date and Signature

Mary Poppinz Kinderbetreuung GmbH

Sabine Eggenberger