**Kind**:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name | | | | |  |  |  |  |  |  |  |  |  |  | Geburtsdatum | |  |  | Geburtstort | | | | | | | | | | | |  |  |  |
|  |  | | | | | | | | | | | | | |  |  | | |  |  | | | | | | | | | | | | | |  |
|  |  |  |  |
|  | Staatsbürgerschaft | | | | |  |  |  |  |  |  |  |  |  |  |  | |  |  | Muttersprache | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | |  |  | | |  |  | | | | | | | | | | | | | |  |
|  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Allergien |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Medikamente |  |  |  | Besonderheiten | | | | | | | | | | | |  |  |  |
|  |  | | | | | | | | | | | | | |  |  | | |  |  | | | | | | | | | | | | | |  |
|  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Betreuungsform:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  | gesonderte Vereinbarungen: | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |
|  |  |  | Bis 13 Uhr | | | |  | Wochentage:  Abgeholt von: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  |  |  |  |  |  |  |  |  | | |
|  |  |  |  | | | |  |  | | |
|  |  |  | Bis 14 Uhr | | | |  |  | | |
|  |  |  | mit Essen | | | |  |  | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |

**Geschwister:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name/Vorname | | | | | | | | |  |  |  |  |  |  | Alter | | |  | Name/Vorname | | | | | | | | |  |  |  |  |  |  | Alter | | |
|  |  | | | | | | | | | | | | | |  |  | |  |  |  | | | | | | | | | | | | | |  |  | |  |
|  |  |  |  |  |  |
|  | Name/Vorname: | | | | | | | | |  |  |  |  |  |  | Alter | | |  | Name/Vorname | | | | | | | | |  |  |  |  |  |  | Alter | | |
|  |  | | | | | | | | | | | | | |  |  | |  |  |  | | | | | | | | | | | | | |  |  | |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Eltern bzw. erziehungsberechtigte Personen:**

**Ich habe mich über die pädagogischen Grundlagen des Kindergartens informiert und erkläre mich mit den Richtlinien einverstanden!**

Ich habe die Hausordnung gelesen und zur Kenntnis genommen, mich über die pädagogische Grundlage des Kindergartens informiert und erkläre mich mit der Konzeption und den Beobachtungs- und Dokumentationsverfahren einverstanden!

Ich habe die Hausordnung gelesen und zur Kenntnis genommen, mich über die pädagogische Grundlage des Kindergartens informiert und erkläre mich mit der Konzeption und den Beobachtungs- und Dokumentationsverfahren einverstanden!

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Titel | | | |  | Name | | | |  |  |  |  |  |  |  |  |  |  |  |  | Vorname | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | | |  |  | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |  | |
|  |  |  |  | |
|  |  |  |  |  |  | Beruf | | | |  |  |  |  |  |  |  |  |  |  |  |  | ganztägig/teilzeit,… | | | | | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |  | |
|  |  |  |  |  |  |  |  | |
|  | Titel | | | |  | Name | | | |  |  |  |  |  |  |  |  |  |  |  |  | Vorname | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | | |  |  | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |  | |
|  |  |  |  | |
|  |  |  |  |  |  | Beruf | | | |  |  |  |  |  |  |  |  |  |  |  |  | ganztägig/teilzeit,… | | | | | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |  | |
|  |  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | Familienstand | | | | | | |  |  |  |  |  |  |  |  |  | Telefonnummern: | | | | | | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |  | |
|  | PLZ | | |  |  | Wohnort | | | | | | | | |  |  |  |  |  |  |  | Straße | | | | | |  |  |  |  |  |  |  |  |  |  |
|  |  | | | |  |  | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | |  | |
|  |  |  |  | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | | | | , am | | |  | | | | |  |  |  |
|  | Ort |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Unterschrift des Erziehungsberechtigten |  |