Anmeldung Warteliste Kita

Gewünschtes Eintrittsdatum: .................................................................

Fixe Tage pro Woche:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Montag: | Dienstag: | Mittwoch: | Donnerstag: | Freitag: |

**Kind:**

Vorname: .....................................................................................

Name: .....................................................................................

Geburtsdatum: .....................................................................................

**Eltern:**

Vorname Mutter: .....................................................................................

Name Mutter: .....................................................................................

Vorname Vater: .....................................................................................

Name Vater: .....................................................................................

Strasse: .....................................................................................

PLZ/Ort: .....................................................................................

Telefonnummer: .....................................................................................

Handynummer: .....................................................................................

E-Mailadresse: .....................................................................................

Arbeitgeber Mutter: .....................................................................................

Arbeitgeber Vater: .....................................................................................

Anzahl Geschwister: .....................................................................................

Besonderes: .....................................................................................

.....................................................................................

Datum: ....................... Unterschrift: ……………………………………………………………………..

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