



# Application Form

The undersigned request admission of their child to Kindertreff Miraculix GmbH.

Date: ..... Signature: .....

Family name of the Child: .....

First name: .....desired entry date: .....

Date of birth:.....

Flexible placement: i.e. if possible:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:
Morning:					
Lunch:					
Afternoon:					

Fixed placement: i.e. only possible	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:
Morning:					
Lunch:					
Afternoon:					

Name of the mother: .....

Name of the father: .....

Address: .....ZIP: ..... Domicile: .....

Phone (fixed line): ..... E-Mail: .....

Cell phone Mother: .....

Phone work Mother: .....

Cell phone Father: .....

Phone work Father: .....

Anomaly of the Child: .....

Comments: .....

.....

## Comments KITA-Management:

Date 1st Request: per Phone  per E-Mail

Registration Form sent per Post  per E-Mail

Others: .....