Application
Please fill out the registration form completely. We will keep your data confidential, it will only be used for internal purposes.

Data of the child (please in block capitals)

Last name: …… First name: ……

Gender: …… Religion: ……

Date of birth/Place of birth: ……

Nationality: ……

Diseases/Allergies/Physical pain: ……

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Number of brothers/sisters: ……

Favoured date to enter the nursery/reasons: ……

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Favoured hours of child-care (Please mark with a cross.)

35 hours ☐ 45hours ☐

Data of the parents (please in block capitals)

Name of the 1. parent or guardian: ……

Date of birth: …… Nationality: ……

Country of origin: …… Religion: ……

Address, postal code: ……

Profession: …… Employer: ……

Private phone: …… Business phone: ……

Mobile: …… E-Mail: ……

Name of the 2. parent or guardian: ……

Date of birth: …… Nationality: ……

Country of origin: …… Religion: ……

Address, postal code: ……

Profession: …… Employer: ……

Private phone: …… Business phone: ……

Mobile: …… E-Mail: ……

general family situation (married, single, …)

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What are your strengths/knowledge/skills, which you are ready to bring in our nursery (active parents work) e.g. cleaning, reading, music, etc.

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Is the family a permit for the Education and participation package? Yes ☐ No ☐

Is the family in possession of a Düsselpass? Yes ☐ No ☐

Date: …… Signature: ……