

**BRK Kneipp-Kinderhaus Mooshüpfen**  
Träger: BRK Freising  
Margaretenweg 12  
85399 Hallbergmoos  
Leitung: Katrin Seibert



**Bayerisches Rotes Kreuz** 

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## Registration

Registration for „Kinderkrippe“

Registration for „Kindergarten“

***Please print legibly:***

### **Child's details:**

Surname, first name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:

male

female

Citizenship: \_\_\_\_\_

Knowledge of German:

yes

some

no

Address: \_\_\_\_\_

### **Parent's details:**

Mother

Father

Surname, first name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Country of origin: \_\_\_\_\_

in employment

in employment

in employment and a single parent

**A single parent family is defined as a family where the child lives in a one parent household.**

Please turn round

**When would you like to start your child's acclimatization?**

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**Please enter the required daily hours:**

Attendance	Monday	Tuesday	Wednesday	Thursday	Friday
from - until (time)					

Lunch:     yes     no

Additional information: .....

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Alternative Kindergarten .....

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Places will be allocated in accordance with the number of places available as well as with the terms laid out in §5 of the BRK Kindergarten Hallbergmoos Rules & Regulations.

**I ensure herewith that all information is complete and correct. I am aware that false information can lead to the loss of my kindergarten place.**

Hallbergmoos, den .....

Date

.....

Signature

Please turn round