



# Application for Childcare

Kinderkrippe Würmli  
Haldenstrasse 18  
8306 Brüttsellen  
Tel: 043 495 54 67

## About the Child:

Surname:

First name:

Street, Number:

Place of residence, Post Code:

Date of birth:

Nationality:

## About the Mother:

Surname:

First name:

Street, Number:

Place of residence, Post Code:

Date of birth:

Nationality:

Home phone:

Mobile phone:

Office phone:

Job:

Mail:

## About the Father:

Surname:

First name:

Street, Number:

Place of residence, Post Code:

Date of birth:

Nationality:

Home phone:

Mobile phone:

Office phone:

Job:

Mail:

**Carer:**

parents together       mother       father

others:

**Which placement days do you require:**

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Whole Day</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Morning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Afternoon</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>With lunch</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Placement from (date):**

Comment:

Childs Doctor:

Name:

Phone:

In case of emergency (if we can't reach the parents):

Surname:

First name:

Home phone:

Mobile phone:

Place, date:

Signature (mother):

Signature (father):