

Registration for backup-care

Please send us this signed form per email or fax. We will then process your request and get back to you as soon as possible.

Parent details	
Surname, first name	
Address	
Postcode	
E-Mail address	
Phone number	
Company name (if cooperation partner)	
Pick-up Child by representative Name, First name	
Passport number	
If your company is one of our cooperation partners, please make sure you send proof of identification (employee pass).	

Child / children details			
1.		<input type="radio"/> yes	<input type="radio"/> no
Surname, first name	Date of birth	Day care in the Kinder nest for first time?	
2.		<input type="radio"/> yes	<input type="radio"/> no
Surname, first name	Date of birth	Day care in the Kinder nest for first time?	

Special needs/allergies/ important notes of your child /children:

Backup days dates and time			
Date		time from - to	
Date		time from - to	
Date		time from - to	
Date		time from - to	
Date		time from - to	

Should you not cancel your reservation by 6pm the day before, you will be invoiced for all costs.

Parents agree to basic medical care where none of the contact persons listed can be reached.

With your signature you consent to the transfer of your data to pme Familienservice. Data protection information in relation to article 13 of the Basic Data Protection Ordinance (DSGVO) can be found on our homepage www.kinderlandnet.de/download. On request, we can send you this information in hardcopy form.

With my signature, I certify that my child has full measles protection.

Date, signature of parent / legal guardian

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