

# Registration at the Kindertraum-Haus



**Location**     Meilen, Unot 22     Obermeilen, Bergstrasse 240

**Individual Kid's Information:**

Last Name ..... First Name .....  
 Birthdate ..... Gender  M  F  
 Mother language .....  
 Medical Conditions or Allergies .....  
 Doctor ..... Phone Number .....

**Information about parent 1:**

Last Name .....  
 First Name .....  
 Address .....  
 Zip and City .....  
 Cell Phone .....  
 Email .....  
 Nationality .....  
 Occupation .....  
 Employer .....  
 Business phone.....  
 Marital status .....

**Information about parent 2:**

Last Name .....  
 First Name .....  
 Address .....  
 Zip and City .....  
 Cell Phone .....  
 Email .....  
 Nationality .....  
 Occupation .....  
 Employer .....  
 Business phone .....  
 Marital status .....

Invoice Email: .....

**Preferred days of care** (please mark)

	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>
<b>Full 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>Lunch</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>Nature group</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Requests .....

First day of care (two weeks before there is an acclimatization) .....

**Please note that the days of care can first be reserved after the contract is signed.**

**Please confirm your interest every three months in order to remain on the waiting list.**

**If you find another solution, we ask you to communicate this in writing.**

Place and date

Signature of one legal guardian

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