



Kinderkrippe Vogelnäschtl

Pre-registration «Kinderkrippe Vogelnäschtl»

Surname / first name (child)

Date of birth

Surname / first name (mother)

Address

Zip code/place of residence

Private number

Business number

Mobile phone number

Surname / first name (father)

Address

Zip code/place of residence

Private number

Business number

Mobile phone number

Desired care days (tick the appropriate box)

Monday		Tuesday		Wednesday		Thursday		Friday	
Morning	<input type="checkbox"/>								
Lunch	<input type="checkbox"/>								
Afternoon	<input type="checkbox"/>								

Estimated date of entry

Next steps: (tick the appropriate box)

We plan to subscribe our child at the above mentioned dates at the "Vogelnäschtl".
Please let us know, whether the admission is possible on the desired days,

We plan to subscribe our child at the „Vogelnäschtl“ and wish a personal conversation in advance to visit the nursery.

Date / Place / Signature
