

Application Form

International Kindergarten at DAI (Deutsch-Amerikanisches Institut)

Kindergarten (if possible)	<input type="checkbox"/> Schlossberg	<input type="checkbox"/> Kuno-Fischer-Str.	<input type="checkbox"/> either kinderg.
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The child:	
Name	
Address	
Zip Code, City	
Date of Birth	
Nationality	
Mother tongue	
Denomination	

The parents:	Father	Mother
Name		
Address		
Zip Code, City		
Phone (home)		
Phone (office)		
e-Mail		

Siblings	Number	Age
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My child shall attend the kindergarten starting on

Day-care hours (if possible)

Who will bring your child to the kindergarten, who will pick him/her up?

Is there anything we should know concerning your child's health?

Allergies etc.?

Name and address of your doctor

Insurance

Date

Signature of parents/guardian