

# Muster-Aufnahmeantrag für Kinder in Ludwigsburger Kindertageseinrichtungen

## – ENGLISCH / ENGLISH –

Admission form for children in Ludwigsburg's child day-care centres

### Registration for

|   |   |   |
|---|---|---|
| Surname<br><b>Mustermann</b>                          |   | First Name<br><b>Maria</b>  |
| Birth Date (for e.g. 24.02.1999)<br><b>01.01.2015</b> | Desired Admission Date<br><b>01.03.2018</b> | <input checked="" type="checkbox"/> Girl <input type="checkbox"/> Boy |
| Religion<br><b>keine</b>                              | Nationality<br><b>deutsch</b>               | Mother Tongue<br><b>Deutsch</b>                                       |

### Female Applicant / Custodian:

|   |                               |                                    |
|---|-------------------------------|------------------------------------|
| Surname<br><b>Mustermann</b>                          |                               | First Name<br><b>Eva</b>           |
| Street<br><b>Musterstraße</b>                         |                               | House Number<br><b>1</b>           |
| Place of Residence<br><b>Ludwigsburg</b>              | Township<br><b>Stadtmitte</b> | Postal Code<br><b>71638</b>        |
| E-Mail Address<br><b>eva.mustermann@mustermail.de</b> |                               | Telephone<br><b>0170-123456789</b> |

Custodian (kindly put a cross):       Yes       No

### Male Applicant / Custodian:

|   |                               |                                    |
|---|-------------------------------|------------------------------------|
| Surname<br><b>Mustermann</b>                              |                               | First Name<br><b>Michael</b>       |
| Street<br><b>Musterstraße</b>                             |                               | House Number<br><b>1</b>           |
| Place of Residence<br><b>Ludwigsburg</b>                  | Township<br><b>Stadtmitte</b> | Postal Code<br><b>71638</b>        |
| E-Mail Address<br><b>michael.mustermann@mustermail.de</b> |                               | Telephone<br><b>0170-987654321</b> |

Custodian (kindly put a cross):       Yes       No

The following children under 18 years of age, for whom I receive child benefits and who live in my household, are also members of my family:

| Surname, First Name   | Born on    | Surname, First Name | Born on |
|-----------------------|------------|---------------------|---------|
| 1. Mustermann, Thomas | 02.02.2012 | 3.                  |         |
| 2. Mustermann, Jenny  | 03.03.2010 | 4.                  |         |

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|   |
|---|
| <b>Special considerations</b> with regards to the child (e.g. allergies, special needs);<br>with regards to the custodian (e.g. single parent, working, undergoing training, studying);<br>relating to the reasons for the admission:<br>Laktoseintoleranz (Lactose intolerant) |
| Mutter voll berufstätig, Vater im Studium (Mother employed full-time, father studying)  |
|   |

**I would like to register my child in the following day-care centre (Option 1):**

**Marstall Center**

Is a sibling currently admitted in this centre?  yes  no (kindly put a cross before the relevant option)

I can also consider attending the following alternative day-care centres:

Talstraße

Arche Noah

Johannesstraße

In case there is no place available in the first preference of the desired day-care centres, I am aware of the fact that my child will be placed on the registration list of the additional centre(s) mentioned above.

yes  no (kindly put a cross before the relevant option)

If, contrary to my expectations, no place is available in all of the above-mentioned preferred day-care centres, kindly contact the city information centre after 30th April.

You are most welcome to register your child again in your centre of choice during the next registration process.

**The desired number of hours a day for care is:** 6 Stunden

**The following day-care time(s) are alternatively possible for my child:** (kindly put a cross before the valid option)

- |  |  |
|--|--|
| <input type="checkbox"/> Morning and afternoon care without lunch (Regular Group)<br><input type="checkbox"/> Continuous 6 hours daily = 30 hours/week (lunch optional)<br><input checked="" type="checkbox"/> Continuous 7 hours daily = 35 hours/week (lunch optional) | <input type="checkbox"/> Continuous 8 hours daily = 40 hours/ week (lunch compulsory)<br><input type="checkbox"/> Continuous 9 hours daily = 45 hours/week (lunch compulsory)<br><input type="checkbox"/> Continuous 10 hours daily = 50 hours/week (lunch compulsory)<br><input type="checkbox"/> Continuous 11 hours daily = 55 hours/ week (lunch compulsory) |
|--|--|

Please note the legal peer care for children under the age of 3 at the child day care centre. Please register for this with the child day care competence centre of the Ludwigsburg district administration office. Contact: [www.tageseltern-lb.de](http://www.tageseltern-lb.de), e-mail: [info@tageseltern-lb.de](mailto:info@tageseltern-lb.de)

I have informed myself about the conception, opening hours and the familiarisation models of the stated institution(s).

yes  no (kindly put a cross before the relevant option)

Please send a copy of the application to the City of Ludwigsburg (see the address below).

I herewith agree that the data will be saved in the central registration list and that this will be compared with the child day care centre competence centre at the Ludwigsburg district administration office. If you do not agree to the forwarding of the registration and data storage, please submit your objection in writing.

Stadt Ludwigsburg  
 Fachbereich Bildung und Familie  
 Beratungsstelle  
 Mathildenstraße 21/1  
 71638 Ludwigsburg

01.02.2018

Date

Eva Mustermann

Signature/s of Applicant (custodian/s)

|   |                               |   |   |
|---|-------------------------------|---|---|
| For use by the institution only         |                               |   |   |
| <input type="text"/><br>Date: Day       | <input type="text"/><br>Month | <input type="text"/> <input type="text"/><br>Year | <input style="width: 100%;" type="text"/><br>Receipt confirmation by name of the institution and signature of the staff |
| For use by the city administration only |                               |   |   |
| <input type="text"/><br>Date: Day       | <input type="text"/><br>Month | <input type="text"/> <input type="text"/><br>Year | <input style="width: 100%;" type="text"/><br>Receipt confirmation of this application by signature of the staff         |