

Information for arranging a place in child day care



Date of consultation:

Childcare Start:

Last name parents:..... first name parents:.....

Name of child:

Date of birth (child):

Address:

District:

Phone number:

E-mail address:

Daily care time (start / end):

.....

Waiting list : nursery/kindergarten/day care center/hort:

yes no

Workplace:

Mobility (on foot , automobile, bus, bicycle):

mediation process (filled out by clerk)

Date	Name KТПP	Contact via

Please send this form to anja.rammler@hameln.de or sieker@hameln.de

