

**Pre-registration for the nursery „Die Klopferspitzchen e.V.“**

Name, first name of the child \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Name, first name of the mother \_\_\_\_\_

Profession \_\_\_\_\_

Employer (optional) \_\_\_\_\_

Name, first name of the father \_\_\_\_\_

Profession \_\_\_\_\_

Employer (optional) \_\_\_\_\_

Family address \_\_\_\_\_

ZIP code \_\_\_\_\_

Telephone (landline) \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Are you an employee of a Max Planck Institute, or SBF1064 / 1054? \_\_\_\_\_

When is the childcare place expected to be needed (month / year)? \_\_\_\_/\_\_\_\_  
(this information is for orientation only, can be corrected)

Other comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date, place and signature (of at least one parent)

**Further procedure:** Please send this application completely and legibly filled out to the email address above (alternatively by mail or fax to the postal address or fax number above).

**By signing and sending this form, you fulfill the requirements to be considered on our waiting list for daycare placement.**