# Place request form

## Details about the child

First name and surname: _____

Address: _____

Date of birth: _____

## Desired place in the day care center

☐ Schmetterling Bachwiesenstrasse 117a, 8047 Zürich

☐ Schmetterling Fellenbergstrasse 289, 8047 Zürich

☐ Schmetterling Wydäckerring 138, 8047 Zürich

## Desired care times

Are you flexible with the days of care? ☐ Yes ☐ No

Number of days of care per week? _____

Full day of care ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

*Minimum care is 2 full days per week.

## Desired entry date: _____

info@krippe-schmetterling.ch
www.krippe-schmetterling.ch
Tel.: 044 492 60 02
Office hours: Mon – Fri 09:00 – 16:00

## Details about the mother

First name and surname: _____

Phone Private & Business: _____

E-mail: _____

## Details about the father

First name and surname: _____

Phone Private & Business: _____

E-mail: _____

## Comments: _____

_____

_____

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