Registration form

Information about the child

First name and surname: _____

Address: _____

Date of birth: _____ Native language: _____

Nationality: _____

Desired daycare center

☐ Schmetterling Bachwiesenstrasse 117a, 8047 Zürich

☐ Schmetterling Fellenbergstrasse 289, 8047 Zürich

☐ Schmetterling Wydäckerring 138, 8047 Zürich

Desired care times:

Are you flexible with the care days? ☐ 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 date of entry: _____

☐ Subsidized

☐ Not subsidized

If you are subsidized, we need a copy of the **subventionsberechtigten Betreuungsumfang «SBU»** and the **Beitragsfaktorbestätigung «BF»** to determine your parental contribution. **Please enclose both with the registration form.**

Important information about the child's health and nutrition

Is the child prone to allergic reactions, fever or convulsions (which ones?)

Does the child need a special diet or permanent medication?

Other special features to be considered? (sleeping habits, Third-party support)

Pediatrician / Doctor: _____ Phone: _____

To call in case of emergency (if parents are not available)

First name/Surname: _____ Phone: _____

Family situation

Siblings: _____

Name and year of birth: _____

custodial parents:

☐ both parents together ☐ only mother ☐ only father

Information about the mother

First name and surname: _____

Adress: _____

Nationality/ Language _____

Phone Home & Business _____

E-Mail (P): _____ Date of birth: _____

Occupation _____ Employer: _____

Information about the father

First name and surname: _____

Adress: _____

Nationality/ Language _____

Phone Home & Business _____

E-Mail (P): _____ Date of birth: _____

Occupation: _____ Employer: _____

After registration, your child will be placed on the waiting list. The allocation of childcare places is managed by the daycare management, taking into account current occupancy, available childcare days and the aim of ensuring an optimal group capacity.

I confirm that all information is correct:

Place/ Date: _____

Mother's signature: _____

Father's signature: _____

Comments: _____