

**Application for a nursery place in Eberswalde**

(Please, choose just one nursery)

- |  |   |
|--|---|
| <input type="checkbox"/> Kita „Sputnik“                | <input type="checkbox"/> Kita „Gestiefelter Kater“        |
| <input type="checkbox"/> Kita „Spielhaus“              | <input type="checkbox"/> Kita „Nesthäkchen“               |
| <input type="checkbox"/> Kita „An der Zaubernuss“      | <input type="checkbox"/> Kita „Villa Kunterbunt“          |
| <input type="checkbox"/> Kita „Im Zwergenland“         | <input type="checkbox"/> Kita „Sonnenschein“ (Waldcampus) |
| <input type="checkbox"/> Kita „Pustebume“              | <input type="checkbox"/> Hort „Kinderinsel“               |
| <input type="checkbox"/> Kita „Kinderparadies Nordend“ | <input type="checkbox"/> Hort „Kleiner Stern“             |
|  | <input type="checkbox"/> Kita „Haus der kleinen Forscher“ |

**Details concerning the child:**

surname, name ..... date of birth .....

main adress.....

(street, postal code, place)

The nursery place is needed from (date).....for.....hours a day.

**How the care is currently managed?**

other nursery  daily care  at home

**Details (your family):**

	yes	no		yes	no		yes	no
raising child on my own	<input type="checkbox"/>	<input type="checkbox"/>	married	<input type="checkbox"/>	<input type="checkbox"/>	long-term relationship	<input type="checkbox"/>	<input type="checkbox"/>
						(child's father)		
entitled to custody	yes	no		yes	no		yes	no
(both parents)	<input type="checkbox"/>	<input type="checkbox"/>	mother	<input type="checkbox"/>	<input type="checkbox"/>	father	<input type="checkbox"/>	<input type="checkbox"/>

**Details concerning the parents**

	Mother	Father
surname, name		
main adress (Street, postal code, place)		
Telephone private *		
at work		
E-mail-adress *		

\* details needed for communication

working  yes  no  yes  no

in search of employment  yes  no  yes  no

other information

**Details concerning other children - entitled to maintenance - (in your household):**

surname, name ..... date of birth ..... facility .....

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Date ..... signature (both parents) .....

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