

Registration at the Kindertraum-Haus



Location Meilen, Unot 22 Obermeilen, Bergstrasse 240 Burkwil

Individual Kid's Information:

Last Name First Name
 Birthdate Gender M F
 Mother language
 Medical Conditions or Allergies
 Doctor Phone Number

Information about parent 1:

Information about parent 2:

Last Name	Last Name
First Name	First Name
Address	Address
Zip and City	Zip and City
Cell Phone	Cell Phone
Email	Email
Nationality	Nationality
Occupation	Occupation
Employer	Employer
Business phone.....	Business phone
Marital status	Marital status

Invoice Email:

Preferred days of care (please mark)

	Mon	Tue	Wed	Thu	Fri
Full day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Requests

First day of care (two weeks before there is an acclimatization)

Please note that the days of care can first be reserved after the contract is signed.

Please confirm your interest every three months in order to remain on the waiting list. If you find another solution, we ask you to communicate this in writing.

Place and date Signature of one legal guardian