

# IG Kinderwerkstatt

Oberdorfstr. 62 8600 Dübendorf Telephone 044/820-08-19 e-mail: [kinderwerkstatt@bluewin.ch](mailto:kinderwerkstatt@bluewin.ch)

We are interested in a place

in the day care group for children between 2 months and 3 years of age

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Surname of the child: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Denomination: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Zip code/city: \_\_\_\_\_ Street, no.: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

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Full name of guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Zip code/city: \_\_\_\_\_ Street, no.: \_\_\_\_\_

Phone (private): \_\_\_\_\_ Phone (business): \_\_\_\_\_

E-mail: \_\_\_\_\_

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We are interested in the following days:

	Morning	Afternoon
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>

Date of desired entry: .....

Date:.....

Signature: .....