

Registrationform Daycare Little Angels



Please fill in all fields completely 😊

Childs name: _____

Gender: _____ F ___ M ___

Date of Birth: _____

Mothers full name: _____

Adress: _____

Phonenumber Private: _____

Phonenumber Work: _____

Email: _____

Fathers full name: _____

Adress: _____

Phonenumber Private: _____

Phonenumber Work: _____

Email: _____

Subsidies: Yes ___ No ___

in clarification ___ (Contract cannot be drawn up in the absence of a contribution factor confirmation and the subsidised scope of care. Please request before creating a contract)

All important information and instructions can be found on the website of the City of Zurich (www.stadt-zuerich.ch) under care costs and subsidies (Betreuungskosten und Subventionen) or by phone at 044 412 70 70.

How did you become aware of us?:

By recommendation of Daycare Little Angels parents _____

By acquaintances, relatives, friends _____

City of zurich/Childcare focal point _____

Quartier _____

While walking _____

When will a childcare place be requested?

from _____

on which days should your child be cared for?

(please note that at least two full days are required)?

Full day Baby untill 18 months CHF 155.-/day

Mo ___ Tu ___ Wed ___ Th ___ Fr ___

Full day children from 19 months CHF 130.-/day

Mo ___ Tu ___ Wed ___ Th ___ Fr ___

On the waiting list from _____

Request for Location :

Wiedikon _____

Altstetten _____

Comments: _____

Location, date: _____

Name & Signature Parents: _____/_____

_____/_____