

**JOHN F. KENNEDY FRIENDSHIP CENTER e. V.
Day Care Center – Admissions Application**

Application for

Am Fichtenberg (Steglitz) Von-Luck-Str. (Nikolassee)

Child:

Last name _____

First name _____ Sex _____

Date of Birth _____ Citizenship _____

Address _____ Zip code _____

Tel.home: _____ Tel.office: _____

Cell phone: _____ e-mail _____

Child's dominant language _____ other languages _____

Current day care facility _____

Application for **Infant care** (Am Fichtenberg only)

Preschool

Desired starting date: _____

Desired time of day care: half day part-time full-time extended full-time
(up to 5 hrs) / (over 5 to 7 hrs) / (over 7 to 9 hrs) / (over 9 hrs)

Since your child cannot be accepted without a valid "Kita-Gutschein" it should be applied for during February for the 1st of August 2009 at the "Bezirksamt".

Siblings:

Name (s) _____ Birth date _____

School o. Day Care Facility _____

Name (s) _____ Birth date _____

School or Day Care Facility _____

Parents:

Mother

Father

Name

Name

Mother tongue

Mother tongue

Single parent yes no Family language: _____

Special concerns / Medical information:

Date: _____

Signature:
