



Kita Chrabelschloss

Imbisbühlstr. 100
8049 Zürich
Tel. 043 300 22 33

Wieslergasse 10
8049 Zürich
043 311 55 42

Applicationform

Family Name: _____ First Name: _____
(child)

Date of birth: _____ Nationality: _____ Sex: m f

Family Doctor (Name, Address and Phone):

Health Insurance (Name and Section):

Co-financing through the Social Department of Zürich city ?

Yes No

Desired childcare time

Desired Entry Date: _____

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

Desired Place:

Imbisbühlstr.100, 8049 Zürich
 Wieslergasse 10, 8049 Zürich
 Egal

Parent1

Parent2

Family Name: _____

First Name: _____

Address: _____

Postcode/City: _____

Employer: _____

Position: _____

Tel. P: _____

Tel. B: _____

Mobile: _____

E-mail: _____

Remarks:.....

.....

Date

Signature: _____