

Application for a care place at Chinderhus Schatzchishta

Chinderhus Schatzchishta

Aeulistrasse 12

CH-9470 Buchs

Tel.: +41(0)80 756 30 34

chinderhus@schatzchishta.ch

www.schatzchishta.ch



Please fill in the form with capital letters and well readable

Personal data of the child

Name	_____	First name	_____
Street, No.	_____	Zip / Town	_____
Date of birth	_____	Date of entry	_____
Nationality	_____	Native language	_____
Famnily doctor	_____	More languages	_____
Allergies / diseases	_____	Miscellaneous	_____

Requested care-times

Please mark with a cross	Monday	Tuesday	Wednesday	Thursday	Friday
Whole day					
Morning without lunch					
Morning with lunch					
Afternoon without lunch					
Afternoon with lunch					

Siblings

Name, first name _____

Personal data of the mother

Name	_____	First name	_____
Street, No.	_____	Zip / Town	_____
Native language	_____	More languages	_____
Nationality	_____	Marital status	_____
Private telephone-no.	_____	Cellphone-No.	_____
Profession	_____	Present employer	_____
E-Mail	_____	Tel.No. of employer	_____
other important contacts	_____	Miscellaneous	_____

Personal data of the father

Name	_____	First name	_____
Street, No.	_____	Zip / Town	_____
Native language	_____	More languages	_____
Nationality	_____	Marital status	_____
Private telephone-no.	_____	Cellphone-No.	_____
Profession	_____	Present employer	_____
E-Mail	_____	Tel.No. of employer	_____
other important contacts	_____	Miscellaneous	_____

Charge rating

	1	2	3	4	5	
Taxable income	0-35000	ab 35001	ab 50'001	ab 70'001	ab 90'001	out-of-town
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date: _____

Signatures of both parents: _____