

Binding registration / questionnaire

Kitrazza Nr. _____

Please send the filled and signed form to
KITRAZZA c/o Projektschmiede gemeinnützige GmbH, Bautzner Straße 22 HH, 01099 Dresden.
Contact: info@kitrazza.de Phone: 0351 - 320 156 16

Specifications about the „Kitrazzian“:

Family name, forenames: _____

Street, number: _____

Post code, city: _____

Date of birth: _____ next class level: _____

Registration for: 1st week 2nd week two weeks

Health data:

· Diseases: _____

· Taking medications: _____

· Allergies (Foods, materials, ...): _____

Health insurance coverage:

· Insurant:: _____

· Health insurance company: _____

General practitioner / paediatrist:

· Name: _____

· Address: _____

· Phone: _____

Specifications of the parent / tutor:

Family name, first name of the attorney: _____

Street, number, postcode, city: _____

E-mail: _____

Phone (personal / business): _____

Emergency contact:

Name: _____

Phone: _____

Our child can be engaged in physical activities (sports / games)

→ photo (please attach and name it)

the tetanus vaccination is valid

my child is allowed to get home alone

further details are noted on the reverse side

I have read the terms and conditions (TAC) and agree with them. If there are questions concerning the TAC please contact us.

Place, date

Authorised signature