

## Contract for a care place

KRIPPE ZOO Dübendorf Obere Zelglistrasse 13 8600 Dübendorf

Personal data of the child	
Name	Given name
Date of birth	Home town
Nationality	Native language
Personal data of the parents	
Name oft he mother	Name of the father
Given name	Given name
Date of birth	Date of birth
Occupation	Occupation
Civil state	Civil state
Address and telephone numbers	
Street, No.	
Zip code, place	
Private phone	e-mail
Business ph. mother	Business ph. father
Mobile mother	Mobile father



Name/phone of other people to contact in case of emergency				
Bring/fetch				
Who?		Who not?		
Entry arrange	ements			
Entry date	y date (with familiarization)			
Weekdays/tir	nes			
Monday	from	to		
Tuesday	from	to		
Wednesday	from	to		
Thursday	from	to		
Friday	from	to		
Remarks				



charge according to our rate sheet has to be paid up to 25th off he previous month.				
Receipt of an invoice is requested:	yes no, payment via standing order			
Notice is to be given in writing at the end of the month and is subject to a 2-month notice period.				
Photos of the child may be used for our own purposes:				
for albums/collages etc.	☐ yes ☐ no			
for homepage/facebook	yes no			
Place, date:	Place, date:			
Parents	KRIPPE ZOO Dübendorf			