



Key information on the child and on the parents and/or those with care and custody of the child

Information on the child/ch	ildren			
Surname	First name	Date of birth	female Sex	male
Surname	First name	Date of birth	female Sex	male
Name and address of the p	parents/those with care and cu	ustody of the child		
Mother				
Father				
Telephone numbers for the	parents/those with care and	custody of the child		
Landline	Mother's mobile		Father's mobile	
Who should be informed in be reached?	an emergency, if the parents,	/those with care and o	custody of the c	child cannot
Name		Telephone		
With whom can I communi	cate in German?			
Name		Telephone		
Who may collect your child	/children?			
Namen				
Does your child have a chro	onic disease, allergy or other d	listinctive characteristi	cs?	
Yes No I	f so, which:			
Please note: If so, this must	additionally be discussed with	the management of th	ne daycare centr	e.
Date	 Signature of p	arents/those with care an	d custody of the ch	nild



Questionnaire for initial discussions

Address			
Name of the health insurance fund	Religion		
Date of enrolment in the Kita	Ethnicity	Nationality/Status	
Which languages are spoken by th	ne family?		
Which languages is your child fam	niliar with, which do th	ney speak, can they understand?	
What do they call:			
their father		their mother	
their brothers and sisters		themselves	
Who will accompany your child or	n an ongoing basis du	ring the settling-in period?	
Name of the caregiver			
Who has mainly cared for your ch	ild?		
		Talaghaga	
Name		Telephone	



Habits		
How and with what is your child soothed?		
What, how and when does your child eat and drink?		
Are there some foods which your child may not eat?		
At what times does your child sleep at home?		
sieep at nome:	During the day approx. from	During the day approx. to
	At night approx. from	At night approx. from
Where does your child sleep at home?		
What is the best way for your child to get to sleep, what rituals do they have? (dummy, soft toy)		
What does your child most like to play with currently?		
Consent is given for ticks to be skilled educational staff.	e removed where necessary, follow	ed by the corresponding disinfection, by the
Yes No		
cephalitis and the Lyme disease pathor attached itself. At the same time, the of infection. The earlier the tick is remo- can bite. The longer the tick remains w the health of the children being cared to prevent further damage to health as medical procedures. To clarify, your de	gen. The Lyme disease pathogen is not transmi precise point in time can often not be clearly de oved, the lower the risk of infection. The best p vith its biting tool in the skin the greater the risl for, prompt intervention is then required in the s the result of a tick bite. On the other hand, ski	on for children against diseases such as tick-borne en- itted until approximately 8 to 12 hours after the tick has efined. Every hour that goes by therefore increases the risk protection is to collect the ticks from the skin before they k of transmission of bacteria and viruses. Out of concern for form of a first-aid measure (e.g. with the aid of a tick card), illed educational staff are not permitted by law to perform itting us to act quickly. We shall inform you of any such
 Date	Signature of parents/t	those with care and custody of the child

