

Registration for emergency care



Facility: _____

Name of the child: _____

Group: _____

I / we hereby sign up our Child binding for emergency care on the following days:

Monday	Tuesday	Wednesday	Thursday	Friday

I do not make use of emergency care / I am not eligible:

Requirements for participation in emergency care:

- care cannot be ensured in any other way, in particular because both care entitled parents in whose household they live, pursue their gainful employment or their studies have to.
- The existence of these prerequisites is through certificates, in particular from the employer or The employer, in good time, if possible one week in advance. The same applies to employed people or studying parents who live with one or more minor children and are alone for whose care and upbringing provide
- the care to ensure the best interests of the child has been ordered by the responsible youth welfare offices,
- there is a right to special educational support that requires special supervision or
- Without supervision in individual cases, there would be a particular hardship for parents and children, which would result extraordinary and serious circumstances caused by the discontinuation of regular care generally arising hardships.

Admission to emergency care is not possible if your child:

- has symptoms of illness for COVID-19,
 - is subject to individually arranged segregation,
 - lives in the household with a person who has been proven to be infected with SARS-CoV-2
- it must therefore also go into quarantine.

Please send this form together with the certificate of entitlement to participate in emergency care to the e-mail address of your child's facility.

Kita Kleiner Bahnhof	bahnhof@obermayr.com	Krippe Rosengärtchen	rosengaertchen@obermayr.com
Kita Stauferland	stauferland@obermayr.com	Krippe Rosinchen	rosinchen@obermayr.com
Kita Sonnenberg	sonnenberg@obermayr.com	Musischer Kindergarten	mkg@obermayr.com
Rosenkindergarten	rkg@obermayr.com		

Date/place

Signature of legal guardian

if necessary, signature of other legal guardians

Registration for emergency care

Certificate

about the authorization to participate in emergency care

Name of the child: _____

Name of the facility: _____

Group: _____

Information on the employment relationship:

Name of the parent _____

Single parent: yes no

Name of employer _____

Weekly working hours: _____

Work days: Mon Tue Wed Thu Fri

Start time of work: _____

End time of work: _____

The completeness and correctness of the information given above is confirmed.

Date

Stamp, signature employer
Alternative your own signature when self-employed