



Registration form for the period from.....until.....

Rücksenden an:
**Verein zur Förderung der
englischen Sprache bei Kindern**
Obfrau: Mag. Brigitte Edenberger-
Traintinger
Dr. Petter Str. 32, 5020 Salzburg
Tel: 0662 64 96 63

**Hiermit wird der Antrag auf Betreuung
unseres (meines) Kindes im English
Play Corner, Dr.-Petter-Straße 32,
5020 Salzburg, gestellt.**

Data of the child:

Name:.....
Citizenship.....
Language.....
Date of birth:.....
Primary residence:
.....
.....
Gender:.....

Data of the father:

Name:.....
Address:.....
.....
Job

Telephone number:.....
Email:.....

Data of the mother:

Name:.....
Address:.....
.....
Job:.....
Telephone number:.....
Email:.....

Please check desired care times:

- 7:15 – 12:00 o'clock (including morning snack)
- 7:15 – 13:00 o'clock (including snack and lunch)
- 7:15 – 14:30 o'clock (Mo-Thur, Fr until 14.00, including snack and lunch)
- 7.15 - 16.30 o'clock (Mo-Thur, Fr until 14.00, including snack, lunch and afternoon snack)

Proof of work is required for registration of an afternoon place

This application is not to be seen as the final contract. It's a notice that you are interested coming to our facility. In case of a free place for your child the English Play Corner will contact you. Either via phone call or E-mail.

Important for when you agree on taking the free place:

We (I) agree and commit ourselves (myself) to paying € 250 administration fee in case we commit to the free place at the English Play Corner. We agree on transferring the money to the account of the English Play Corner: Raiffeisen Bank Anthering; BIC: RVSAAT2S007; IBAN: AT83 3500 7000 0022 2950. This fee is in no case refundable. Not in our trial month or for any other reason.

Datum:..... Unterschrift Erziehungsberechtigte/r:.....