



Lebenshilfe Heinsberg

registration:

I hereby enroll my son / daughter _____
to kindergarten year 20 /20 for

a special education accompanied Course

a rule space

In the integrative daycare of Lebenshilfe Heinsberg in Geilenkirchen und Oberbruch an .

25 h/week 35 h/week 45 h/week

Name of the parent /
Guardian _____

Street, house number _____

ZIP , City _____

Phone Number _____

The child's birthday _____

We point out that a commitment on our part can only be performed if a suitable space is available for your child.

We / I am disabled and non- disabled children agree with the concept of common education.

_____ place, date

_____ signature

remarks : _____

Be maintained by : _____

contact: _____

Ansprechpartner in der Kindertagesstätte:

**Oberbruch
Geilenkirchen**

**Agi Hirtz
Birgit Roye**



Triangel

Kinder • Jugendliche • Familien

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