

Application Form

Please provide information about your child to help the ISCC team settle your child in smoothly. The last page of the questionnaire contains the Individual Care Plan, and will be discussed in a meeting between you and your child's key carer. All information will be treated strictly confidentially.

Personal data of the child

Family Name	
First Name	
Date of Birth	
Mother tongue	
Nationality	
Family Address	
Postal Code/City	
Phone	
Bill payer (email address)	

Personal data of the parents

Name Mother	
Nationality	
Employer Mother	
Occupation	
Phone (home)	
Mobile Phone	
Email	

Name Father	
Nationality	
Employer Father	
Occupation	
Phone (home)	
Mobile Phone	
Email	

Brothers and sisters of the child

	Name	Date of Birth	School
Brother/Sister			
Brother/Sister			

Medical Information

Important addresses

Family doctor (name/address/phone)	
Paediatrician or specialist doctor (name/address/phone)	
Health insurance no. In Switzerland starting with 807560...	
AHV/SVA no., starting with 756. Can be found on the Swiss health insurance card.	

Medical history

Where there any complications associated with your child's birth or prenatal development?	
Has your child experienced difficulties with gross motor development, which limit his or her moving, balance or coordination?	
Has your child any permanent diseases, for which he/she undergoes treatment? (Please specify)	
Which childhood diseases (for example chicken pox) has your child had?	
Does your child suffer from any allergies? (Please specify)	
Does your child need medication on a regular basis? If so, do we need to monitor any of this medication?	

Does your child undergo special therapies? (Please specify)	
Does your child have any other medical or behavioural problems we should be informed about? Please include any relevant information from specialists.	

Your child's preferences and habits

Childcare history

Has your child got any experience with being away from you for an extended period of time (i.e. childcare centre, grandparents, babysitter etc) If so, where and for how long?	
In general, how does your child adjust to new situations? Please share any experience of settling them in with other people that might be helpful for the ISCC settling-in procedure. What worked previously- what didn't work.	
How does your child generally relate to peers? (children of the similar age)	
How does your child generally relate to adults?	

Sleeping and playing habits

Tell us about your child's sleeping habits. When does your child take a nap, and for how long?	
Does your child take a favourite toy or blanket in bed? Does your child use a pacifier (Nukky)?	
Is your child a confident sleeper, or does she/he wake up quickly? Is your child sensitive to noise when sleeping?	
What is your child's favourite toy?	

What is your child's favourite activity? Does he/she like active play or rather more quiet activities	
Is your child easy going, or rather shy? Do you have any observations that you want to share with us?	

Nutrition

Tell us about your child's eating habits. What is your child's favourite food?	
Are there any food items your child dislikes?	

Are there any food items (for example pork or beef) that your child is not allowed to eat for religious or personal or medical reasons?	
Have you noticed any negative reactions on food in your child, which we should know about?	

Safety and Security

Custody

Who will generally bring and pick up your child?	<input type="checkbox"/> Mother <input type="checkbox"/> Father
Is there anyone else who will pick up the child on a regular base? If so, please include details of that person here, including the relation of this person to the child (for example: nanny, Tagesmutter, grandmother)	Name: Relation to child: Mobile phone nr: Name: Relation to child: Mobile phone nr:
Is there anybody that may <u>never</u> pick up your child?	

Medical emergencies

In case of an emergency, we will contact you immediately. However, in case both parents and other persons named in this form can't be reached ISCC will act in loco parenti and we will undertake any necessary steps to help your child.

It is important for us to act according to your wishes regarding medical treatment and vaccinations.

Vaccinations (please tick the appropriate answer)	<input type="checkbox"/> My child has had all the medically advised vaccinations <input type="checkbox"/> My child has only had specific vaccinations (attach list) <input type="checkbox"/> My child has had no vaccinations
In case of an emergency, do you allow all medical treatment that is necessary to help your child, including vaccinations (for example tetanus shots after a bite)	<input type="checkbox"/> Yes <input type="checkbox"/> No, I wish that the following is considered: <i>(please specify)</i>

Individual Care Plan



Agreement

between International School of Schaffhausen
Department: International School Childcare Centre
Mühlentalstrasse 280
8200 Schaffhausen

and

Parents
(name of the signatory)

.....
(address)

For
(name of the child)

Date of Entry : _____

Childcare Days:

Monday	Tuesday	Wednesday	Thursday	Friday

Group:

Key Carer: **Katharina Krampitz**, k.krampitz@issch.ch
(name of the first contact person for parents)

Parents and ISCC agree the rightfully placement of the above mentioned child in the International Child Care Centre. The Intake Questionnaire, Parent Handbook, Financial Regulations & General Conditions and amendments to these documents, duly published by the ISCC management and communicated to the parents, are integral parts of this contract.

Parents have provided copies of the following documents: vaccination card.

Parents declare with their signature that they have taken notice of all agreement conditions.

(Place and date)

(Parent or legal guardian)

Permission

From time to time the staff take photographs to document activities within the childcare Centre and the school. These photographs may be used on the password protected community section of the ISSH webpage, in newsletters, weekly bulletins, display boards, school year book or in other materials published within the school community. The school policy is not to identify the children featured, by name, unless permission has been given by the parents.

We would therefore be grateful if you could sign the permission section below, indicating your preference.

I / we give permission/ don't give permission

For our child / (Name of Child)

So that ISSC may photograph my child and use them on the school website, newsletters, or any other community notices.

.....
.....Parents signature

(Please circle your preference) and sign above.