

## **Registration/ Personal Data:**

Child's full name:		
Date of birth:		
Nationality:		
Language(s):		
Desired entry date:		
(The transition phase starts 2 weeks prior to o Internal parents (parent/s is/are memb	• •	
<ul> <li>External parents (parents are not member of the Zurich Opera staff)</li> </ul>		

I would like to register my/our child for the following days:

(Minimum: 3 half days or 1.5 days)

Time	Monday	Tuesday	Wednesday	Thursday	Friday
All day					
7.15-18.00					
Half-day					
7.15-13.30					
Afternoon					
13.30 -18.00					

Mother's Personal Data:	
Full name:	
Telephone number:	<del></del>
Email:	
Address:	
Profession and employer:	
Father's Personal Data:	
Full name:	
Telephone number:	
Email:	
Address:	
Profession and employer:	
Urgency and reason for third-party care:	

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