## Registration Form for the MUSIKKINDERGARTEN BERLIN 2021–2022 year

			(girl) □
Child's name			(boy) □
Date and place	of birth		
Nationality	Religion (optional)	Language (	the child speaks at home
First name and last name of mother (or legal		uardian)	Occupation
			Employer
First name and last name of father (or legal guardian)			Occupation
			Employer
Additional child	ren / siblings (names and dates	s of birth)	
Address of prim	ary contact person (street and p	postal code)	Daytime telephone Nr.
			<u> </u>
			Evening telephone Nr.
E-mail address			
Additional infor	mation:		
			Employee of the Staatsoper
kindergarten is ava	non-binding and does not constitute ilable, parents or guardians will be r mission decisions are made within th	notified by a given o	date and invited to take part in a
Date and place		Signature	

Please send this registration form, ideally accompanied by a short cover letter (optional), to: Musikkindergarten Berlin e.V., c/o Staatsoper Unter den Linden 7, 10117 Berlin