

Registration for Early Intervention



Information about the child

Last name, first name(s)	
Gender	<input type="checkbox"/> female <input type="checkbox"/> male
Date and place of birth	
Nationality	
Residence status	
Name of pediatrician	
Name of kindergarten	

Lebenshilfe Landshut e.V.
 Interdisziplinäre
 Frühförderstelle / Kinderhilfe
 Brauneckweg 8
 84034 Landshut
 Tel. 0871 974059-10
 kinderhilfe@
 lebenshilfe-landshut.de
Vereinsregister
 VR60, Landshut
Vorsitzender
 Hans-Peter Summer

Information	about the mother	about the father
Last name, first name		
Date and place of birth		
Nationality		
Marital status		
Street		
Postal code, city		
Phone number		
E-Mail		
Legal guardian	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Health insurance information

The child is insured <input type="checkbox"/> independently <input type="checkbox"/> with mother <input type="checkbox"/> with father <input type="checkbox"/> privately <input type="checkbox"/> statutory
Name / address of health insurance provider

Has a diagnostic assessment already taken place? <input type="checkbox"/> yes, at <input type="checkbox"/> no

Are any other social welfare benefits currently being received? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, which ones?

Reason for registration	

Place, date

Signature