

Application

for a childcare place (KiKo)

Please fill in, sign, and send this form as **pdf-file** to the University of Tübingen Family Office:

familienbuero@uni-tuebingen.de

Child:					
Name of child:					
Given name(s):				
Date of birth:					
Sex:	□ f	□m	□ other		
Nationality:				_	
Siblings:		names	s:	born on:	
	Name	es:		born on:	-
Desired start of	late of o	childcare	:	· · · · · · · · · · · · · · · · · · ·	
Applicant:					
Name of applic					
Given name(s):				
Sex:	□f	□m	□ other		
Private addres (Town, street,					
Phone:			Ce	ellphone:	
E-mail:					
Type of currer	it emplo	oyment (e	employee, sc	holarship, etc.)	
University inst	itution:				_
Work address	:				
Phone:					
Equility:					

Your next qual	fication goal is:							
□ doctorate □ habilitation □ other (specify):								
Your subject: _				_				
Stage of work towards qualification:								
□ at the start	l at the start □ about half-way □ almost complete							
comments (if applicable):								
Marital status:	□ mar	ried/ live with partner	□ single parent					
Partner:								
Name of partne	er:							
llawa a addua a	(Taxwa atmost):							
Current employ	ment (type, volu	ume, and employer):						
	 							
Person with c	ustody of child							
☐ Shared cust	ody	☐ mother	☐ father					
General info:								
	ırs per dav will v	our child be in daycare?	>					
Tion many mod	por day m y	our orma so in adjoure.						
How was he/she cared for before?								
How will putting your child into daycare improve your work situation? (Please give concrete details, e.g. I will gain working time, save money, etc.)								

Other reasons why you need daycare for your child (if applicable):					
	-				
Data protection notice: According with the legal regulati the application and will then be deleted after six months	•				
In order to process your application as quickly and effic child's registration data (name and date of birth) with the I hereby consent to this: ☐ Yes ☐ No					
I hereby agree to submit a report on the time in which n	ny child attends daycare, as required.				
Place, date	Signature of applicant:				

Confirmation

Mr/Ms	is
	□ an academic employee at the University of Tübingen.□ a non-academic employee of the University of Tübingen.
He/she has a□ permaner	nt contract □ contract limited until
	☐ full time ☐ part time (hours per week):
He/she works for the follo	wing faculty:
Tübingen,	(Personnel office)