ENTDECKUNGS-SPIELRAUM
...für Kinder

FORSCHUNGS-FREIRAUM
...für Eltern

Kinderhaus
der Universität zu Köln

Application form

for the Kindertagesstätte of the University of Cologne

1. Information about the child

surname: _____ first name: _____

gender: ☐ female ☐ male   nationality: _____

date of birth: _____

Siblings and other children in the family/ age : _____

_____

_____

_____

multilingualism: _____

Additional Information about your child that you would like us to consider: (e.g. abilities, disability,

special education needs, etc.):_____

_____

_____

Previous childcare (e.g. relatives, nanny, institutional, etc.):

_____

_____

2. Information about parents

Surname: _____ first name: _____

Street: _____

postal code/ place:_____

home phone: _____ office phone: _____

Mobile: _____

Email private: _____ office: _____

Employment at the University

□ yes   □ no

If yes, please state the type of employment at the university (e.g. teacher, research assistant,

employee, post-graduate, PhD, guest scholar): _____

_____

- in which qualification phase : _____
  * PhD-Students please enclose valid student-id
- Office/ Faculty membership/ Work Place: _____
  * Please enclose proof of affiliation
- Guest scholar: duration of stay: from: _____ to: _____

- students: Faculty membership & expected date of graduation: _____
  * Please enclose valid student-id

_____

- other: _____

Weekly hours: □ full time   part time : _____ h/ Week
  * Please fill out in any case

3. Information about parents

Surname: _____ first name: _____

Street: _____

postal code/ place:_____

home phone: _____ office phone:_____

mobile: _____

Email private: _____ office: _____

Employment at the University

☐ yes   ☐ no

If yes, please state the type of employment at the university (e.g. teacher, research assistant, employee, post-graduate, PhD, guest scholar):_____

_____

- (if any, in which) qualification phase: _____
  * PhD-Students please enclose valid student-id
- Office/ Facultymembership: _____
  * Please enclose proof of affiliation
- Guest researcher: duration of stay: from: _____ to: _____
- students: Facultymembership & expected date of graduation:_____
  * Please enclose valid student-id

_____

- other: _____

Weekly hours: ☐ full time   part time: _____ h/ Week
   * Please fill out in any case

4. Information about the daycare-situation

Parental leave: ☐ yes; until _____   ☐ no

Single parent: ☐ yes   ☐ no

Characteristics in the daycare situation: (mostly single parent due to frequent absence of the partner,

share of the daycare among several persons (e.g. grandparents, nanny, babysitter, etc.):

_____

_____

5. Information about the admission

Desired admission date: _____

Desired care hours: _____

Special reasons /wishes for the admission: _____

_____

_____

All personal information is treated confidentially and is collected exclusively for the admission procedure and for evaluation.
In case changes occur concerning information given above or changing demand, these have to be communicated directly. No claim to a care place originates from the registration.

Köln, _____   _____
                                        (Signature parent)

                                        _____
                                        (Signature parent)