

Application for a place at a day care centre
with the Studierendenwerk Hamburg



Please hand in the fully filled out application in person to the respective day care centre (one centre is enough) or send it by fax or e-mail to the address given below.

- | | | |
|---|---|---|
| <input type="checkbox"/> Hallerstrasse centre
Hallerstrasse 58
20146 Hamburg
Fax: 45 00 01 58
kita-hallerstraße@
studierendenwerk-hamburg.de | <input type="checkbox"/> "Die Stifte" centre
Stiftstrasse 69
20099 Hamburg
Fax: 24 87 07 54
kita-stiftstrasse@
studierendenwerk-hamburg.de | <input type="checkbox"/> Bornstrasse centre
Bornstrasse 2
20146 Hamburg
Fax: 41 33 91 21
kita-bornstrasse@
studierendenwerk-hamburg.de |
| <input type="checkbox"/> UKE - Eppendorf
Martinistrasse 52
20246 Hamburg
Fax: 74 10 55 604
kita-uke@
studierendenwerk-hamburg.de | <input type="checkbox"/> KinderCampus
Schlüterstrasse 7
20146 Hamburg
Fax: 41 90 26 180
kindercampus@
studierendenwerk-hamburg.de | |

Childcare times

Preferred starting date on _____

Crèche group (0 - 3 years) (* incl. lunch)

Childcare time: 8 hrs* 10 hrs* 12 hrs* (only at UKE - Eppendorf)

Elementary group (3 - 6 years) (* incl. lunch)

Childcare time: 8 hrs* 10 hrs* 12 hrs* (only at UKE - Eppendorf)

Information about child

Child's surname, first name _____ m f

born on _____ Nationality _____

Special characteristics to be noted include (disability, illness, etc.):

Sibling in the centre yes no

If yes, name: _____

Information about applicant

	Mother	Father
Name of parents:	_____	_____
Address:	_____ _____ _____	_____ _____ _____
Telephone	_____	_____
E-mail:	_____	_____
Student status	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
University employee	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
University	_____	_____
Single parent?	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

Employment (to be completed if registering to the UKE centre)

Job	_____	_____
Place of work	_____	_____
Working times	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> _____ hours/week	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> _____ hours/week
Shift work	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Weekend work	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

Date and signature

All information will be treated confidentially.