

# Städtische Kita (Municipal Kita) on Campus (JGU) - Application

## Child Information

	Address		
Full Name	Street		No.
Date of Birth	Code	City	
Sex	Siblings		
Nationality	Date of Birth		Date of Birth
Family language	Date of Birth		Date of Birth
Child custoday	shared custody with		
	sole custody		

## Admission at Städtische Kita (Municipal Kit)a on Campus (Wittichweg 33)

Desired Entrance Date:

## Information on Legal Guardian

	Address		
Full Name	Street		No.
Marital status	Code	City	
Private Number			
Business Number	E-Mail Address		

I'm a Student at Johannes Gutenberg-University (Please enclose a copy of your valid enrollment Certificate)

I'm employed by Johannes Gutenberg-University (Please enclose a copy of your employment contract)

## Other Legal Guardian

	Address		
Full Name	Street		No.
Marital status	Code	City	
Private Number			
Business Number	E-Mail Address		

## Reasons for urgency

I have taken note, that my child is not entitled to a place in the municipal day care center on campus if the requirements (membership in the JGU) are no longer met.

City, Date

Signature

**Notice:** This application is valid for **12 months**.

Please contact us after this period if you have not been notified by us yet. Otherwise, we will assume that you no longer require a place and your informations will be removed from the waiting list.

Your data will only be collected, used, and stored for handling your application in accordance with the current european data protection laws (DSGVO).

Handling of your application and acceptance of your child into day care can only proceed on receipt of a fully completed application. You can retract this application at any time.

**Please send the form with all supporting documents to**

Post     Family Services Center  
           Forum universitatis 3  
           Saarstraße 21  
           55099 Mainz

E-mail: [familien-servicebuero@uni-mainz.de](mailto:familien-servicebuero@uni-mainz.de)

**Employer Certificate, alternatively: enclose copy of the first page of your employment contract**

- For JGU employee the form needs to be filled in by the human resources department of JGU, not the Faculty

Privatanschrift

Name, Vorname	Straße	Nr.
Familienstand	PLZ	Ort
Telefon privat		
Telefon dienstlich	E-Mailadresse	

Anschrift der Dienststelle

beschäftigt seit	Straße	Nr.
befristet bis	Zusatz	
Wochenstunden	PLZ	Ort

Hiermit bestätigen wir, dass der/die oben genannte Arbeitnehmer\*in bei uns beschäftigt ist

Ort, Datum

Unterschrift | Stempel