

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

Child Information

(Please enclose a copy of the birth certificate)

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 Kita) 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 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 (employer certificate or copy of the first page of your employment contract, birth certificate) to

Post Family Services Center
 Forum universitatis 3
 Saarstraße 21
 55099 Mainz

E-mail: 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