

Registration Flexible Child Care



(Please mark)

für Jena:

INFotake Jena
Ernst-Abbe-Platz 5
07743 Jena
Tel.: 03641/930 506
Fax: 03641/930 652
E-Mail: infotake-jena@stw-thueringen.de

für die Räuberhöhle, Erfurt:

Räuberhöhle Erfurt
Plauener Weg 8
99089 Erfurt
Tel.: 0151-54468227
E-Mail: raeuberhoehle@uni-erfurt.de

für Weimar

INFotake Weimar
Marienstraße 15b
99423 Weimar
Tel.: 03643/581506
Fax: 03643/581505
E-Mail: infotake-weimar@stw-thueringen.de

für den Kinderladen, Erfurt:

Kinderladen Erfurt
Studierendenrat – Referat für Soziales
Altonaer Str. 25
99085 Erfurt
Haus 11
Tel: 0361/6700-560/663
Fax: 0361/ 6700-614
E-Mail: kinderladen@fh-erfurt.de

1. Information Regarding the Child

Name	First Name
Date of Birth:	Place of Birth:
Additional Child Characteristics:	

2. Name and Address of Legal Guardian

	Mother	Father
Name, First Name		
Address		
Private Telephone Number		
Mobile Telephone Number		
Work Telephone Number		
E-Mail Address		

Legal Custody of the Child: mother only father only both

3. Status of Legal Guardian

Student FSU FH

Matriculation number.: _____

Please attach copy of the student ID / confirmation of enrolment and child birth certificate!

Staff member STW FSU FH

Identification card number. _____

Please attach child birth certificate.

4. Other Person(s) Allowed to Pick Up the Child (if desired)

Name, First Name	
Address	
Private Telephone Number	
Mobile Telephone Number	
Work Telephone Number	
E-Mail Address	

I / we authorise above person(s) to pick up my / our child/ children.

5. Child Care Time-Slots

The following time-slots are offered, following the time-slots at the FSU and the FH:

I would like to book the following time-slots (please mark):

	Slot 1 8.00am- 10.00am	Slot 2 10.00am- 12.00am	Slot 3 12.00am- 2.00 pm	Slot 4 2.00 pm- 4.00 pm	Slot 5 4.00pm- 6.00 pm	Slot 6 6.00 pm - 8.00 pm
Monday						
Tuesday						
Wednesday						
Thursday						
Friday					-----	-----

6. Statement Regarding Vaccinations

I am informed that vaccines according to the Vaccination-Schedule issued by the STIKO (a committee at the Robert-Koch-Institute, affiliated to the German Government Health Authorities) are urgently recommended for children in custody of the flexible child care services.

7. Insurance of Legal Guardian

Health insurance	
Insurance policy number (Child)	

8. Terms and Conditions

I confirm that I have received and agree with the Terms and Conditions for the short-term child care at the "Studentenwerk Thüringen" (ANB). The ANB are part of the legal contract. For the exact terms and conditions, please refer to the contract in the German language.

Date, Signature Legal Guardian

Confirmation of the Application, Custody Care Contract

Above application is confirmed and the custody care contract for the booked time slots finalised.

Amount of expenses according to the booking: _____€

The personal data of the application and the ANB are the basis of the contract.

Date

Studierendenwerk Thüringen