

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

Dear parent/guardian,

We are pleased that you want to register your child/children in one of our daycare centers.

Even if you are interested in several of the Studierendenwerk daycare centers, please submit the fully completed application to one daycare center only. You will be added to the waiting list of all our daycare centers automatically. We will contact you as soon as we can offer you a place in one of our daycare centers. If you have no longer any need for a childcare place, please cancel your registration with us. You can submit your application in person or send it to one of the E-mail addresses below.

Kita Hallerstraße

Hallerstraße 58

20146 Hamburg

kita-hallerstrasse@stwhh.de

Kita „Die Stifte“

Stiftstraße 69

200099 Hamburg

kita-stiftstrasse@stwhh.de

Kita Bornstraße

Bornstraße 2

20146 Hamburg

kita-bornstrasse@stwhh.de

Kita UKE - Eppendorf

Martinistraße 52

20246 Hamburg

kita-uke@stwhh.de

KinderCampus

Schlüterstraße 7

20146 Hamburg

kindercampus@stwhh.de

Childcare hours

Preferred starting date on _____

Crèche group (0 - 3 years) *(includes lunch)

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

Elementary group (3 - 6 years) *(includes lunch)

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

Information about child

Child's first & last name _____ m f d

born on _____ Nationality _____

speaks / understands German Yes No

Sibling in the centre Yes No

If yes, name: _____

Particularities that need to be considered (disability, illness, etc.):

Information about applicant

Guardian 1

m f d

First & last name: _____

Address: _____

Telephone: _____

E-mail: _____

Spoken languages: _____

Student status : Yes No

University employee: Yes No

University: _____

Single parent: Yes No

Guardian 2

m f d

First & last name: _____

Address: _____

Telephone: _____

E-mail: _____

Spoken languages: _____

Student status : Yes No

University employee: Yes No

University: _____

Single parent: Yes No

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

Job: _____

Place of work: _____

Working hours: Full-time Part-time

Hours/week

Shift work: Yes No

Weekend work: Yes No

Job: _____

Place of work: _____

Working hours: Full-time Part-time

Hours/week

Shift work: Yes No

Weekend work: Yes No

How did you learn about us? (optional)

Website Counselling center STW

Family office (university)

Other: _____

Recommendation from other parents

Consent to data processing

I agree that the data provided, including information on health and disability, may be processed for the purpose of checking the application for admission, for maintaining the waiting list and for anonymous statistical evaluation. In case of admission to one of the daycare centers I agree that the data may be transferred to the administration system (child file & administration program Ki-ON). This consent can be revoked informally at any time with effect for the future.

Date and signature