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*Opening hours: Monday, Tuesday and Thursday from 8 am- 4pm . Wednesday and Friday from 8 am - 3 pm
 Bank details: bank account: 11 505 23, Sparkasse Bremen, BLZ 290 501 01*

Child acceptance application form at Uni-Kindertagesstätte e.V.

The main requirement for acceptance: The child's first place of residence has to be in Bremen!

1. Parents

Mother

Father

Surname:		
First name:		
Date of birth:		
Field of Study/ Occupation:		
Street :		
Place of residence:		
District:		
Phone:		

Please circle all those that apply:

Student:	<input type="checkbox"/> yes	<input type="checkbox"/> no		<input type="checkbox"/> yes	<input type="checkbox"/> no
Ph. D. student (immatr.):	<input type="checkbox"/> yes	<input type="checkbox"/> no		<input type="checkbox"/> yes	<input type="checkbox"/> no
Employee of the university:	<input type="checkbox"/> yes	<input type="checkbox"/> no		<input type="checkbox"/> yes	<input type="checkbox"/> no
Employed:	<input type="checkbox"/> yes	<input type="checkbox"/> no		<input type="checkbox"/> yes	<input type="checkbox"/> no
Partly employed:	<input type="checkbox"/> yes	<input type="checkbox"/> no		<input type="checkbox"/> yes	<input type="checkbox"/> no
Single parent:	<input type="checkbox"/> yes	<input type="checkbox"/> no		<input type="checkbox"/> yes	<input type="checkbox"/> no
Married*:	<input type="checkbox"/> yes	<input type="checkbox"/> no		<input type="checkbox"/> yes	<input type="checkbox"/> no

* optional indication for statistical purposes

2. Child:

First name: Surname.....

Birthday: Acceptance requested from :

Other important information (e.g. Allergies):

Gender of child: Nationality of child:

Languages, in which the child is educated:

3. Reasons for acceptance:

.....
.....

4. Siblings:

Please list below the names and date of births of all children that currently live in the same household as the child applying (*If it applies, please list foster children as well*):

.....
.....

5. Custody:

The custody of the mentioned child has/ have: • Both parents • Mother • Father

Please list one other person beside the person of custody that has a close relation to the child (*e.g. grandmother, brother, friend of the family*):

Surname: First name: In relation to child:
.....

Surname: First name: In relation to child:
.....

(e.g.. grandmother, brother, friend of the family)

Important: Before any other person but the parents is willing to pick up the child from the kindergarden she/ he has to be introduced to the group leaders!

6. Supervision:

Who normally takes care of the children ? *Parents, grandparents, siblings, day nanny, childrens group, friends, flatmates, etc.,please name briefly:*

.....
.....

7. Flat

Size of flat (sqm): Number of rooms:

Own nursery (sqm):

8. Net income monthly:

Mother: € Father: €

I obligate myself to inform the directorate if any changes appear.

.....
.....
(Date, Signature of person of custody)