

## Admission form

**Day Care Centre on Wilhelmstrasse 97**  
Wilhelmstrasse 97, 72074 Tübingen

The day care centre on Wilhelmstrasse 97 offers nursery places for the children of students, who have enrolled with a university associated with the Studierendenwerk Tübingen-Hohenheim and have their place of residence in Tübingen.

**Please note:**

You must first make an application for the nursery place that you need with the **Central Registration Office for Child Care (Zentrale Anmeldestelle Kinderbetreuung or ZAK)** in the town of Tübingen: [www.tuebingen.de/kitas](http://www.tuebingen.de/kitas). Please note that registration must take place at the latest six months before the planned date for the start of care for your child.

Information on handling your data can be found on the notice boards in our facilities and under: [www.my-stuwe.de/datenschutz](http://www.my-stuwe.de/datenschutz)

Then complete and sign this form and send it to:

**Studierendenwerk Tübingen-Hohenheim A.d.ö.R.**  
**Abteilung Soziale Dienste**  
**Karlstrasse 3, 72072 Tübingen**  
**Contact person: Ms Jessica Helm**  
**E-mail: [jessica.helm@sw-tuebingen-hohenheim.de](mailto:jessica.helm@sw-tuebingen-hohenheim.de)**  
**Phone: 0 70 71 / 9 46 67 23, Fax: 0 70 71 / 9 46 67 11**

**Child:**

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Gender:  female  male

Brothers & sisters: Name: \_\_\_\_\_ Born on: \_\_\_\_\_

Name: \_\_\_\_\_ Born on: \_\_\_\_\_

Name: \_\_\_\_\_ Born on: \_\_\_\_\_

Ideal starting date: \_\_\_\_\_

**Applicant:**

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Gender:  female  male

Address: \_\_\_\_\_ (street and house number)

\_\_\_\_\_ (post code and town)

Phone (daytime): \_\_\_\_\_

Mobile phone (daytime): \_\_\_\_\_

E-mail: -----

University: -----

Faculty / Institution: -----

Semester: -----

Probable qualification:             Bachelor             Master             State exam  
    Diploma             Doctorate

This is your:                             first course             second course

Date when you expect to complete your studies: -----

**Please note:** Please enclose a valid enrolment certificate to prove your student status. Those in their first semester must hand in the enrolment certificate later as soon as they receive it and initially hand in their letter of admission.

**Partner:**

Surname: -----

First name: -----

Gender:             female             male

Address: ----- (street and house number)

----- (post code and town)

Phone (daytime): -----

Mobile phone (daytime): -----

E-mail: -----

**For students:**

University: -----

Faculty / Institution: -----

Semester: -----

Probable qualification:             Bachelor             Master             State exam  
    Diploma             Doctorate

This is your:                             first course             second course

Date when you expect to complete your studies: -----

**For employees:**

Looking for work:     Yes             No

Current employment relationship (employer, job, scope):  
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**Are you a single parent?**     Yes         No

**Entitled to custody:**         Joint custody         Mother         Father

**General information:**

Your reasons for needing a place at a day care centre  
(e.g. study situation, special family circumstances, housing situation, travel times)

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How have you arranged care for your child in the past?

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***(Place, date)***

***(Signature of applicant)***