



APPLICATION FORM

For flexible short-term support parallel to the event:

(Name of the event)

Estimated times of care (please list per day if necessary)

Date	Time	
	from	to
	from	to
	from	to
	from	to

Information about the child

Name: _____ First name: _____
Language(s): _____ Date of birth: _____
Regular childcare: _____
Allergies:
 No
 Yes, the following: _____
Other information (needs pacifier to fall asleep, sleep rhythm, etc.): _____

The Chancellor

Division 4, Dpt. 45
Dual Career & Family Support

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50931 Köln

Phone: +49 221 470-0
Fax +49 221 470-5151

Reachable by:
KVB-Tramline 9
KVB-Buslines 130, 136, 146

Bank Account
Sparkasse Köln/Bonn
BLZ 370 501 98
Kto.-Nr. 19 00 694 819
IBAN DE44 3705 0198 1900 694819
BIC COLSDE33

Information about parents

Parent 1:

Name: _____ First name: _____

Street name/ House number: _____

Postcode/ City/ Country: _____

Mobile phone: _____

Further contact in case of emergency: _____

Parent 2:

Name: _____ First name: _____

Street name/ House number: _____

Postcode/ City/ Country: _____

Mobile phone: _____

Further contact in case of emergency: _____

All personal data is treated confidential and is only used for the registration process. Should there be any changes regarding the data above or your need of childcare please inform us immediately. There is no entitlement to a childcare place through this application.

I hereby confirm the accuracy and completeness of the information I have provided above.

Place

Date

Signature of parent