

## **Application form for nurseries**

Pusteblume Schillerstraße 10 52064 Aachen	☐ <b>Piccolino</b> Melatener Straße 39 52074 Aachen	Sonnenstrahl Bayernallee 7 52066 Aachen					
	☐ Wolkennest Heinrich-Mußmann-Straße 7 52428 Jülich	I					
Personal details:							
First and last name of the child	<b>d</b> :						
Date of birth: P	ace of birth:	Male Female					
City: Po	ostal code: Street:						
Telephone number:	Email address:						
First and last name of the father	er:						
Date of birth Place of birth: Nationality:							
Marital status:	a relationship						
	ner:						
	Place of birth:	Nationality:					
Marital status:	a relationship						
Required hours of child care	per week:						
	35 hours						
	2:						
_							
Father							
Student							
☐ RWTH AC ☐ FI	H AC ☐ First degree ☐ S	Second degree					
Field of study:	Next degree aimed at:	Matriculation number:					
Number of semesters:	Number of semesters: Standard period of study: End of studies:						
☐ Employed							
☐ RWTH AC: ☐ Se	cientific employee at:	until:					
□ No	on-scientific employee at:	until:					
☐ FH AC		until:					
☐ StW AC		until:					
Other employer							
Already finished apprenticeship	o:						
Income	5	and the second					
Income: € Please attach income statement [Do not deduct negative income (debts)]							
	[Do not deduct ne	gative income (debts)]					

Мо	ther						
	Student						
	☐ RWTH AC	☐ FH AC	☐ First degree	☐ Second degree	☐ PhD		
	Field of study:	Next degre	e aimed at:	Matriculatio	n number:		
	Number of semesters: Standard period of study: End of studies:						
	Employed						
	RWTH AC:	☐ Scientific emplo	yee at:		until:		
		☐ Non-scientific e	mployee at:		until:		
	☐ FH AC				until:		
	☐ StW AC				until:		
	Other employer						
Alre		iceship:					
		·					
Income: € Please attach i				attach income statement			
			[Do not o	deduct negative income (del	ots)]		
Per	son having the care a	and custody of the c	hild:	y ☐ Mother ☐ Fath	er		
Wh	o takes care of the ch	nild at the moment?					
		-	re supported by KiE		Yes No		
	, ,						
Dat	e of birth:	Place of birt	th:				
_							
Rea	asons of application	1:					
• • • • •							
• • • • •							
• • • • •							
Dec	claration:						
an per mig Düi	immediate exclusion sonal data needed fo tht be passed on to the en) – youth welfare	or that my child will or the admission ad he city council of Aa office- for administr	not be admitted. More Iministration will be s achen (Stadt Aachen)	that any untruthful info eover, I agree with the f saved and used with he or the administrative of rsonal data will be trea particulars provided.	act that all elp of the EDP and district Düren (Kreis		
Aad	chen,						
				Signature of the lega	l guardian		
				-			

Date of application interview: .....