

**Flexible Child Care Service for TU Dresden Employees**

**Application Form**

1. **Guardians’ Contact Information:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Mother** | | |
| Last Name: |  | First Name: |  |
| Address: |  | | |
| Telephone (home): |  | Telephone (mobile): |  |
| Telephone (work): |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Father** | | |
| Last Name: |  | First Name: |  |
| Address: |  | | |
| Telephone (home): |  | Telephone (mobile): |  |
| Telephone (work): |  | | |

1. **Information on the Child/Children:**

|  |  |
| --- | --- |
| **Name (Last, First):** | **Age:** |
| **Name (Last, First):** | **Age:** |
| **Name (Last, First):** | **Age:** |

**The child’s information sheet will be attached to the application form and given to the caretaker.**

1. **Additional Person(s) Authorized for Drop-Off and Pick-Up:**

|  |  |
| --- | --- |
| **Name (Last, First):** |  |
| Address: |  |
| Telephone (home): |  |
| Telephone (mobile): |  |
| Telephone (work): |  |
| Email: |  |

I/we authorize the above person(s) to pick up my/our child.

1. **Child Care Request**

|  |  |
| --- | --- |
| **Type of Care** | |
| Babysitter Service  Drop-Off/Pick-Up Service  Child Care during Meetings | |
| **Babysitter Service** | |
| Date: | care on       (day of the week, dd.mm.yyyy) |
| Time: | care from       to |
| Frequency: | one time only  weekly monthly |
| Location: | parents’ residence  suitable rooms at TU Dresden  suitable rooms in the Studentenwerk Dresden |
| **Drop-Off/Pick-Up Service** | |
| Date: | Drop-Off/Pick-Up on       (day of the week, dd.mm.yyyy) |
| Time: | care from       to |
| Frequency: | one time only  weekly monthly |
| Pick-Up Place: |  |
| Address: |  |
| Telephone: |  |
| Destination: |  |
| Address: |  |
| Telephone: |  |
| **Child Care during Meetings** | |
| Date: | care on       (day of the week, dd.mm.yyyy) |
| Time: | care from       to |
| Location: | parents’ residence  suitable rooms at TU Dresden  suitable rooms in the Studentenwerk Dresden  location of the meeting  address:  telephone: |

1. **Reason for Child Care Request (check all that apply)**

|  |
| --- |
| Want to keep important work-related appointments but have children without daycare centers  Lectures outside of normal child care hours  Block seminars/excursions outside of normal child care hours  Meetings outside of normal child care hours  Nanny/babysitter cancelled last-minute  School, day care or holiday care cancelled last-minute  Unscheduled closing of normal day care center  Other: |

1. **Contact Information for Flexible Child Care Service**

|  |  |
| --- | --- |
| **Contact** | **Campusbüro Uni mit Kind** |
| Location | George-Bähr-Str. 1b, 01069 Dresden |
| Telephone | 0351 46332666 |
| Email | campusbuero@tu-dresden.de |
| Website | http://kinder.studentenwerk-dresden.de/kinderbetreuung.html |

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|  |  |
| --- | --- |
| **To be filled out by Campusbüro Uni mit Kind** | |
| Child care took place | yes no |
| Caretaker: |  |
| Contact: |  |

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