

application of transmission  
day-care center Studentenwerk im Saarland e.V.

<b>1. child information</b>		
name		
first name		
date of birth		
nationality		
<b>2. What kind of care do you wish? *</b>	- nursery (0 -3 years)	
	half a day	
	whole day	
	- Kindergarten	
	half a day	
	until 14:00	
	whole day	
	student other applicant	
Point of transmission		
<b>3. parents information</b>	<b>father</b>	<b>mother</b>
name		
first name		
address		
E-Mail		

Who has the parental care?*			
phone	on business		on business
	private		private
Are you enrolled at a Saarland-University?*		yes	yes
		no	no
Yes:	Name of the university		
	Subject of study		
	Bachelor/master/doctoral candidate		
Are you attendant of the university or an attached institute?*		yes	yes
		no	no

\*= please mark the appropriate box with a cross

Saarbrücken, den \_\_\_\_\_

\_\_\_\_\_  
Signature of legal guardian