

Studentische Eltern-Kind-Initiativen e.V. Leopoldstraße 15 80802 München Tel: 089/38196-1510

Tel: 089/38196-1510 Fax: 089/38196-1737

Application form for children of employees of the LMU (not the Klinikum!) for childcare centres of the Student Union

Desired date of admission:						
Desired date of admission:						
	of the child on admission date:	0-3 years) in the Martinsried				
Childcare Centre						
□ kindergarten place (age of the child on admission date: at least 3 years old) in the Martinsried Childcare Centre						
	of the child on admission date:	0-3 years) in the Uni-Kleckse				
Crèche (Leopoldstr. 13a		, , , , , , , , , , , , , , , , , , , ,				
☐ I am / We are aware of	f the fact that for this childcare centr	e an additional application via the Kita-				
	of Munich is necessary for children v					
(https://kitafinder.muenche	n.de/elternportal/en/benutzerkonto/a	anmeldung)				
	of the child on admission date:	0-3 years) with the Campuskinder				
(Amalienstr. 83)		a an additional annication via the Kita				
	r the fact that for this childcare centr of Munich is necessary for children v	e an additional application via the Kita-				
	n.de/elternportal/en/benutzerkonto/a					
(mtps://kitalinder.mdenche	n.de/eitemportai/en/bendizerkonto/a	annelading)				
Expected booking cated	nory (not yet binding!)					
☐ 4-5 hours	yery (mer yer amamig.)					
□ 5-6 hours						
☐ 6-7 hours						
☐ 7-8 hours						
☐ 8-9 hours						
Child's name	First name	Surname				
Date of birth	Nationality	Gender				
11						
Home address	City/town/village	Ctroot				
Post code	City/town/village	Street				
Parents' details						
i dicites details						
Mother's name	First name	Surname				
Mother 5 hanne	THEFTIATIE	Jumanie				

Mother's home address	Post code	City/town/village		Street		
see child!	see abov	see above		see above		
☐ other than child	е					
Single parent	☐ yes	6	□ no			
(If so, please enclose what			ive confirmation	n or confirm	nation of sole custody)	
Father's name	First name		Surname			
Father's home address	Post code	City/town/village		Street		
□ see child!	see abov e	see above		see abov	see above	
☐ other than child						
Single parent						
Single parent (If so, please enclose what	🔲 yes : is know		ive confirmation	n or confirm	nation of sole custody)	
	34 11					
Phone numbers:	Mothe	er		Fath	er	
Email:						
Liliani.						
D ()		41.17.11				
Parents' employment a	it the Li	/IU (not the	e Klinikum!)			
■ Mother			□ Father	□ Father		
since:		_	since:			
Department:			Department:			
						
						
□ professor□ scientific assistant			professoscientific			
non-academic employee			□ n	on-academ	nic employee duate scholarship	
□ holder of a postgraduate scholarship					·	
Hours per week according to employment contract:			Hours per week according to employment contract:			
☐ fixed term, until:			fixed term, until:			
□ permanent			permanent			

Significant official interest (this only ap as a new employee at the LMU) yes no (If so, a statement written by the department in question is enclosed)		pplies if there is exceptional interest in gaining at least one parent yes (If so, a statement written by the department in question is enclosed)			
Occupation of t	the parent not employ	red at the LMU:			
Employer:					
_					
_					
Hours of work p	er week:				
Siblings					
Following sibling mentioned child childcare centre	s of the above- d already go to the				
Child's name	First name	Surname			
Date of birth					
Child's name	First name	Surname			
Date of birth					
Date: Signature(s) of applicant(s):		the			
	• •	ation form the birth certificate, a copy			

of the employment contract at the LMU, a document showing other employment and in the case of single parents the confirmation of sole custody!

You can find our data privacy statement at: https://www.studentenwerk-muenchen.de/?id=dse-binfo-27