

Certificate for preregistration for childcare

Child's name (surname, given name) _____	Child's date of birth _____	Desired start date of childcare _____
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Employee/self-employed person	Employer
Surname, given name _____	Name/company _____
Street address, city _____	Street address, city _____

Information concerning employment situation/working hours self-employed person on the desired start date (as given above)

I have been seeking work since _____. (Stamp/signature of employment agency/JobCenter, see below.)

has been with us since _____ as

employed in training/apprenticeship in further education

is an employee and is currently on parental leave. The expected date of return to work is _____. Please indicate the future employment status below.

is expected to be in service with us on _____ as

active employee trainee/apprentice in further education

The employment relationship is permanent temporary, until _____.

The weekly working hours are/will be: _____ hours per week.

Teachers: _____ (assigned teaching hours) of _____ (full load of teaching hours at the school).

At least three times per week, the working hours will include hours before 7 am after 5 pm primarily between 7 am and 5 pm

Working hours include shift work (early, late and night shifts) Yes No

The travel time from the home to the work location is more than 1 hour less than 1 hour

If you are preregistering for child day care, you must enter your exact working hours here!

Monday	from _____ to _____	Tuesday	from _____ to _____
Wednesday	from _____ to _____	Thursday	from _____ to _____
Friday	from _____ to _____	Saturday	from _____ to _____
Sunday	from _____ to _____	<input type="checkbox"/> exact working hours not yet known	

By signing this form, I confirm the truthfulness of the information concerning the employment situation/working hours provided.

Date
Signature of **employer/self-employed person/employment agency/job center** and **company stamp**

Child's name (surname, given name)

Employee/self-employed person

Name (surname, given name) _____

Information concerning self-employed status (please indicate working hours on page 1 and attach documentation)

I am self-employed. *Company stamp signifying confirmation*

Information concerning student status

Since _____ I have been a student at _____.
An enrolment certificate/*Immatrikulationsbescheinigung* is attached.

Single parents:

I am a single parent.
I hereby declare that only myself and my child/children are registered with the police as residents of my address.

Information concerning care/disability (please attached documentation)

A member of my household is a dependent with care needs or a disability, with care level/degree of disability of _____.

By signing this form, I confirm the truthfulness of the information provided.

_____ Date

_____ Signature of **employee/self-employed person**

Please return to:

Sozial- und Jugendamt, Kitavormerkung, Benediktinerplatz 2, 78467 Konstanz, Fax: + 49 7531 900 451, E-mail: kita-vormerkung@konstanz.de
or save it directly in the preregistration system („Kita-Vormerkung“).