

## Annex for parents working in a DFG-research network (SFB, GRK etc.) or in an institution of the Excellence Initiative:

A quota of up to 30% of the daycare spots of the university day care centers is allocated to parents who are employed by a DFG-funded research network or by an institution of the Excellence Initiative. In exchange, the research network/institution of the Excellence Initiative assumes part of the monthly operating costs of the day care spot. For a full-day spot, the payment is EUR 100 each month, for a spot until 2.30 p.m., it is EUR 75 and for a half-day spot, the operating costs are EUR 50 per month. These payments do not reduce the parental fee.

Generally, DFG-funded research networks have funds available for the promotion of gender equality. These can be used to cover the above-mentioned payments.

Please check with the responsible person of your research network or excellence institution whether the network/excellence institution is willing to cover the above-mentioned operating costs for a day care spot. If so, a cooperation agreement is made between the network/excellence institution and the Familienservice, in addition to the acceptance contract for a day care spot concluded with the parents.

If the responsible person agrees to provide funds for covering the mentioned operating costs, please provide the following information and send the completed annex to:

ggmbh@zv.uni-freiburg.de

Name of DFG-research network: \_\_\_\_\_

The contact person for concluding the cooperation agreement is: \_\_\_\_\_

### **Von der Ansprechperson auszufüllen (to be completed by the contact person):**

Ich bestätige für den Forschungsverbund bzw. die Exzellenzeinrichtung, dass Frau / Herr \_\_\_\_\_berechtigt ist, einen Betreuungsplatz für ihr /sein Kind \_\_\_\_\_, geb. am \_\_\_\_\_ über eine Kooperationsvereinbarung zu nutzen.

Die damit verbundene Übernahme des sog. „Eigenanteils“ (s.o.) habe ich zur Kenntnis genommen.

\_\_\_\_\_ Datum

\_\_\_\_\_ Unterschrift

Dies sind meine Kontaktdaten für den Abschluss der Kooperationsvereinbarung:

Tel.-Nr.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

To be completed by parent: I have registered my child for a spot in the following Kita(s):

- Blütengarten       Murmeltgarten       Wichtelgarten       Zaubergarten