

Form

for registration in the central registration system of the City of Freiburg i. Br.

Please fill out the entire form (3 pages) very legibly and send it to:

Stadt Freiburg | Amt für Kinder, Jugend und Familie |

Informations-, Beratungs- und Vormerkstelle (IBV) Kinderbetreuung |

Europaplatz 1 | 79098 Freiburg

Parent/Guardian

Ms. Mr.

Name | Surname: _____

Date of birth | Place of birth: _____

Street | Postal code | City: _____

Phone | E-mail: _____

We bring up our child together:

I bring up my child by myself:

Parent 1:

employed

in training | advanced training

studying

looking for work

in parental leave

Parent 2:

employed

in training | advanced training

studying

looking for work

in parental leave

employed

in training | advanced training

studying

looking for work

in parental leave

Information about the child

Girl

Boy

Name | Surname: _____

Date of birth | Place of birth: _____

Street | Postal code | City: _____

Admission requested on (please indicate date): _____

Other remarks about your child: _____

Your child care request

What scope of child care are you requesting?

- Half-day (no mornings)
- Half-day (no afternoons)
- Extended business hours (EBH up to 6 hrs./day)
- Extended business hours (EBH up to 7 hrs./day)
- All-day (AD more than 7 hrs./day)
- Regular care (every morning and two afternoons)
- Play group (supervised)

If your scope of child care is not possible in the respective facility:
What alternative child care option would you like?

- Half-day (no mornings)
- Half-day (no afternoons)
- Extended business hours (EBH up to 6 hrs./day)
- Extended business hours (EBH up to 7 hrs./day)
- All-day (AD more than 7 hrs./day)
- Regular care (every morning and two afternoons)
- Play group (supervised)

Information about the requested facility | Day nursery

Name of the requested facility or child care center in the day nursery:

Requested facility | Day nursery 1:

Sibling already goes to the facility

Requested facility | Day nursery 2:

Sibling already goes to the facility

Requested facility | Day nursery 3:

Sibling already goes to the facility

If there is currently no space in the requested facilities

I give my permission that the information can also be passed on to other facilities if there is no space available for my child in the selected facilities.

Yes No

Note about data protection

I take note that the data given above are collected by the Child Care Information, Consulting and Registration Office (IBV) of the City of Freiburg in accordance with Section 62 of the 8th Book of the Social Security Code (SGB VIII) for complying with the legal entitlement for assistance in a day care facility or day nursery (Section 24 of the SGB VIII) and stored in accordance with Section 63 of the SGB VIII.

The data are deleted by the Child Care IBV as soon as they are no longer needed for complying with the legal entitlement, but no later than when the kindergarten year in which admission took place has elapsed.

Except for the date of birth of the parents, in accordance with Section 64 of the SGB VIII, the above data are passed on to the facility/facilities that you have selected.

City | Date: _____

Signature of the parent or guardian: _____

Please send this form to | submit this form in person at

Stadt Freiburg i. Br.
Amt für Kinder, Jugend und Familie
Informations-, Beratungs- und Vormerkstelle (IBV) Kinderbetreuung
Europaplatz 1
79098 Freiburg

Tel: 0761/201-8408
Fax: 0761/201-8409
E-mail: kinderbetreuung@stadt.freiburg.de

For more information, please visit our website: www.freiburg.de/kinderbetreuung