

Eingangsvermerk (Datum, Unterschrift, Stempel):

☐ VIA geprüft

Stadt Chemnitz  
Jugendamt  
Abt. Kindertageseinrichtungen, Kindertagespflege  
09106 Chemnitz  
(Sitz: Bahnhofstr. 53)

## Application for a place in a daycare facility for children

(according to the conditions of the charter for daycare facilities for children and home daycare in the city of Chemnitz)

☐ First application ☐ Transfer

### Child

Surname, first name

Date of birth

Address (street, number, postcode, place)

The child has previously been looked after in the following facility/home daycare:

Name, address

Time for settling in (1 month):

Month Year

Time for admission:

Month Year

Preferred facility (multiple choice possible, max. 5 facilities):

1	
2	
3	
4	
5	

Please note: There is no legal right to a place in these facilities.

### Opening hours needed

☐ until 5 p.m. ☐ until 6 p.m.\* ☐ until 7 p.m.\* ☐ until 8 p.m.\* ☐ Saturdays 6 a.m. to 4 p.m.\*

\*The need should be proved by appropriate statements of working hours.

**Details of parents/custodial persons**

	1 <sup>st</sup> custodial person	2 <sup>nd</sup> custodial person
Surname, first name		
Street, number		
Postcode, place		
Work phone		
Home phone		
Email		
Gainful employment	<input type="checkbox"/> In employment <input type="checkbox"/> In insignificant employment <input type="checkbox"/> In training/at university <input type="checkbox"/> Not in employment or on parental leave	<input type="checkbox"/> In employment <input type="checkbox"/> In insignificant employment <input type="checkbox"/> In training/at university <input type="checkbox"/> Not in employment or on parental leave
Marital status	<input type="checkbox"/> Single parent <input type="checkbox"/> Married <input type="checkbox"/> Married, living apart <input type="checkbox"/> Cohabitation with child's father <input type="checkbox"/> Cohabitation not with child's father	<input type="checkbox"/> Single parent <input type="checkbox"/> Married <input type="checkbox"/> Married, living apart <input type="checkbox"/> Cohabitation with child's mother <input type="checkbox"/> Cohabitation not with child's mother
Custody	<input type="checkbox"/> Entitled to sole custody	<input type="checkbox"/> Entitled to sole custody

**There are other children living in my/our household who attend a facility:**

Surname, first name	Date of birth	Facility attended

Should you have not received any information six month prior to the desired date of settling in/admission, please contact the supervisors of your preferred facilities.

We recommend that you contact the "Servicestelle Kita-Platz" service point of the city of Chemnitz directly or send a request by email to [jugendamt.platzvergabe@stadt-chemnitz.de](mailto:jugendamt.platzvergabe@stadt-chemnitz.de).

---

Place, date

---

Signature of custodial person