

## Care Contract

on the general use of the flexible childcare facilities of the Studierendenwerk Thüringen

between

Studierendenwerk Thüringen  
Anstalt des öffentlichen Rechts  
Philosophenweg 22  
07743 Jena

and the person(s) having custody of the child

	1. Person with custody rights	2. Person with custody rights
<b>Surname, First name</b>		
<b>Address</b>		
<b>phone (private)</b>		
<b>phone (work)</b>		
<b>phone (mobile)</b>		
<b>Email-Address</b>		

for care of the following child/children in the following facility

**Bauhäuschen  
Amalienstraße 13  
room 315/316  
99423 Weimar**

### 1. Details of first child:

<b>Surname</b>	<b>First name</b>
<b>Date of birth:</b>	<b>Place of birth:</b>
<b>Additional information</b>	

Please provide copy of birth certificate!

### Details of second child

<b>Surname</b>	<b>First name</b>
<b>Date of birth:</b>	<b>Place of birth:</b>
<b>Additional information</b>	

Please provide copy of birth certificate!

**Details of third child**

<b>Surname</b>	<b>First name</b>
<b>Date of birth:</b>	<b>Place of birth:</b>
<b>Additional information</b>	

Please provide copy of birth certificate!

**2. Status of first parent/guardian**

Student

University:

Matriculation number:

\_\_\_\_\_

Please provide a copy of student ID or certificate of enrolment!

Member of staff

University/Institute:

Personal ID number:

\_\_\_\_\_

Please enclose a copy of your employment contract, thoska or employee ID card!

**Status of second parent/guardian**

Student

University:

Matriculation number:

\_\_\_\_\_

Please provide a copy of student ID or certificate of enrolment!

Member of staff

University/Institute:

Personal ID number:

\_\_\_\_\_

Please enclose a copy of your employment contract, Thoska or employee ID card!

The certificates must be submitted unsolicited at the beginning of a new semester to the information centres of the Stw Thuringia. If there is no proof, blocks will be charged at the guest rate.

**3. Additional person(s) authorised to collect** (if desired)

Surname, First name	Address	phone	Email-Address

- I/we hereby authorise the above person(s) to collect my/our child(s).

**4. Emergency contact** (if desired)

The following person(s) shall be contacted if none of the persons authorised to pick up the person(s) referred to in point 3 has been reached:

Surname, First name	Address	phone	Email-Address

- I/we give the above person(s) power of attorney to collect my/our child(s) in an emergency situation.

**5. Term of contract**

The care relationship begins on \_\_\_\_\_

- and runs indefinitely  
 and ends \_\_\_\_\_

**6. Care times** (if already known, please enter times)

	1. Block	2. Block
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

The care times shall be agreed in good time between the contracting parties and shall depend on the needs of the respective person entitled to care.

**7. Declaration on vaccinations**

I/we have been informed that it is strongly recommended that STIKO's recommended vaccination plan for the children in care be adhered to.

**8. Insurances by the custodian**

The admission of the child presupposes the following insurance specified by the custodians:

Details of the first child:

<b>Name of health insurance company</b>	
<b>insurance number</b>	

Details of the second child:

<b>Name of health insurance company</b>	
<b>insurance number</b>	

Details of the third child:

<b>Name of health insurance company</b>	
<b>insurance number</b>	

### **9. General Terms of Use**

I confirm that I have read and accept the General Terms of Use for the Short-Term Care of the Studierendenwerk Thüringen (ANB) and acknowledge them. If the application is confirmed, the ANB will become part of the contract.

### **10. Other**

Amendments and supplements to this contract must be made in writing. Deletions/modifications of individual contractual elements do not affect the validity of the contract.

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**Place, Date**

**Signature of the holder(s) of custody**

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**Place, Date**

**Stamp and signature of the StudierendenwerkThüringen**

**Direct debit authorization**

I/ We revocably authorise you to collect the payments to be made by me/us monthly by direct debit from my/our specified account on the basis of the support times booked by me/us when due.

My/our bank details are as follows:

Surname \_\_\_\_\_

First name \_\_\_\_\_

Street, Nr. \_\_\_\_\_

Postcode, place of residence \_\_\_\_\_

Account holder \_\_\_\_\_

IBAN \_\_\_\_\_

BIC \_\_\_\_\_

credit institute \_\_\_\_\_

If my/our account does not have the required cover, the bank keeping the account is not obliged to redeem it. Partial payments will not be made by direct debit.

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**Place, Date**

**Signature of the holder(s) of custody**

**Permission Campus Walks**

My child is allowed to go for walks with a supervisor of the institution.

Yes

No

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**Place, Date**

**Signature of the holder(s) of custody**