

Care Contract

for 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/children

	1st person with custody rights	2nd person with custody rights
Surname, first name		
Address		
Phone (private)		
Phone (at work)		
Phone (mobile)		
Email address		

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

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

1. Details of first child:

Surname	First name
Date of birth:	Place of birth:
Additional information:	

Please provide a copy of the birth certificate.

Details of second child

Surname	First name
Date of birth:	Place of birth:
Additional information:	

Please provide a copy of the birth certificate.

Details of third child

Surname	First name
Date of birth:	Place of birth:
Additional information:	

Please provide a copy of the birth certificate.

2. Status of first parent/guardian

☐ Student

University:

Student ID number:

Please provide a copy of the student ID card or the certificate of enrolment.

☐ Member of staff

University/Institute:

ID card number:

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

Status of second parent/guardian

☐ Student

University:

Student ID number:

Please provide a copy of student ID card or certificate of enrolment.

☐ Member of staff

University/Institute:

ID card number:

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

Proof must be submitted without being asked at the beginning of a new semester to the information centers of Stw Thüringen. If proof is missing, blocks will be charged at the guest rate.

3. Additional person/s authorised to come for the child (if requested)

Surname, first name	Address	Phone	Email address

- ☐ I/we hereby authorise the above-mentioned person/s to come for my/our child/children to pick it/them up.

4. Emergency contact (if requested)

The following person/s should be contacted if none of the authorized persons named in item 3 have been available for collection:

Surname, first name	Address	Phone	Email address

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

5. Term of contract

The care relationship begins on _____

- ☐ and runs indefinitely
☐ and ends on _____

6. Day-care times (Please enter times when they are already known.)

	1st Block	2nd Block
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

The parties to the contract will agree on the hours of care in a timely manner and will meet 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 provided by the person entitled to care

The admission of the child requires the following insurance stated by the legal guardians:

Details of the first child:

Name of health insurance company	
Insurance number	

Details of the second child:

Name of health insurance company	
Insurance number	

Details of the third child:

Name of health insurance company	
Insurance number	

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. When the application has been confirmed, the ANB will be part of the contract.

10. Other

Amendments and supplements to this contract must be made in writing to be legally effective. This also applies to changes to the written form requirement. The possible invalidity of individual provisions of this contract shall not affect the validity of the remaining contractual provisions. In this case, the parties will agree on a valid provision that corresponds as closely as possible to the invalid provision. In the event of contractual loopholes, the provision that would have been agreed upon according to the meaning and purpose of this contract if the parties had considered this point when concluding the contract shall be deemed to have been agreed upon.

Place, date

Signature of the holder/s of custody

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 according to the day-care times booked by me/us when due.

My/our bank details are as follows:

Surname	_____
First name	_____
Street, No.	_____
Postcode, place of residence	_____
Account holder	_____
IBAN	_____
BIC	_____
Bank	_____

Should my/our account not provide the required funds, the account-holding bank is under no obligation to honor the direct debit. Partial payments are not accepted by direct debit.

Place, date

Signature of the holder/s of custody

Permission Campus Walks

My/our child/children may go for walks with the nursery teacher.

Yes ☐

No ☐

Place, date

Signature of the holder/s of custody