

KINDERGRUPPE LITTLE PUMPKINS, E.V.



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Request form for a place in the Little Pumkins daycare facility

Name of the parents, e-mail address and MPIPZ phone number

Father:

Mother:

Name of the child:

Gender:

Date of birth:

Expected start date in LP:

How many hours per week daycare do you prefer: 40 hours (full time) or 20 hours (half time)?

Are you flexible with the start date?

How old the child will be at that time?

Until this date you need day care (month and year) (if you don't have alternative childcare plans please indicate when the child will turn 3 years old):

Reason for termination (please underline):

- child will be 3 years old and goes to kindergarten
- we move from MPIPZ/ Cologne
- other :

- ▶ Do you have alternative daycare solutions (for example: other daycare place, grandparents...)? (If yes, please explain why do you need the place in LP)

- ▶ Does the father work full time, part time or stay at home? (if part time, please indicate the hours/week)

- ▶ Does the father work in MPIPZ (if yes, as group leader, post-doc, PhD student, TA or other)?

- ▶ Does the mother work full time, part time or stay at home by the expected start date in LP? (if part time, please indicate the hours/week)

- ▶ Does the mother work in MPIPZ (as group leader, post-doc, PhD student, TA or other)?

- ▶ Do you have other children? If yes, please give details of the age and whether they are in daycare/kindergarden/ school or stay at home.

Any comments you wish to make:

Date: _____