Binding registration for the vacation care of the University of Siegen Autumn vacations 2026

(19.10. - 30.10.2026)

Submission by 12/10/2026

Contact: Franziska Krayter
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1. Details of the person registering (legal guardian):

Student O Employee O Professor O Member SFB O External O Scholar O

Name		First name	
Address (private)		Address (business)	
Phone (private)		Phone (mobile)	
Email address		Telephone (business)	

2. Details of the child or children:

	First and last name	Date of birth	School / Class
Child 1			
Child 2			
Child 3			

The following food intolerances/chronic illnesses/allergies are present: (enclose copy of allergy passport if necessary)

_____

The child/children have been vaccinated against tetanus:

Yes O Most recently on: _____ No O

The child/children has/have been vaccinated against measles:

Yes O Most recently on: _____ No O

The child/children are allowed to go home/to my office alone:

Yes O No O

The child/children may be picked up by the following persons (including in case of emergency):

First and last name	Telephone number

Important particulars and emergency procedures:

_____

_____

3. Requested care

1st week (19.10. -23.10.2026) O
2nd week (26.10. - 30.10.2026) O

Day care only, on the following days:

_____

Half-day care O Full-day care O

(pick-up time from 1:00 p.m. to 1:30 p.m. max.) (pick-up time from 3:30 p.m. to 4:00 p.m. max.)

For more information about vacation care, please contact us by email and/or in a personal meeting.

Other notes:

_____

_____

_____

_____

Signature of the parent/guardian