





Binding registration for the vacation care of the University of Siegen Autumn vacations 2025

(13.10. - 24.10.2025)

Submission by 06/10/2025

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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 (mobil e)	
Email addres s	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)

ne crine	l/children has/have been vacci	nated
gainst n	neasles:	N. O
es O	Most recently on:	No O
The chi	ld/children are allowed to go	home/to my office alone:
Yes O	No O	
The chi		by the following persons (including in case of
	l last name	Telephone number
Import	ant particulars and emergency	procedures:
Reque	ested care	
1st wee	ek (13.1017.10.2025) ek (20.10 24.10.2025)	O O
Day car	re only, on the following days:	
	re only, on the following days:	Full-day care O
Half-da		
Half-da (pick-up	ny care O time from 1:00 p.m. to 1:30 p.m. max.)	Full-day care O
Half-da (pick-up	ny care O time from 1:00 p.m. to 1:30 p.m. max.) re information about vacation al meeting.	Full-day care O (pick-up time from 3:30 p.m. to 4:00 p.m. max.)
Half-da (pick-up) For mo persona	ny care O time from 1:00 p.m. to 1:30 p.m. max.) re information about vacation al meeting.	Full-day care O (pick-up time from 3:30 p.m. to 4:00 p.m. max.)