





## Binding registration for the vacation care of the University of Siegen Easter vacations 2025 (14.04. - 17.04.2025)

Submission by 07.04.2025

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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)

	ld/children has/have been vacci	nated		
	measles:	No O		
'es O	Most recently on:			
The cl	nild/children are allowed to go l	nome/to my office alone:		
Yes O	No O			
		by the following persons (including in case of		
emergency):  First and last name		Telephone number		
		1		
Impor	tant particulars and emergency	procedures:		
Requ	ested care			
1st we	eek (14.04 17.04.2025)	0		
	,			
Day ca	are only, on the following days:			
Half-d	lay care O	Full-day care O		
Tiun C	ady care o	Tun day care o		
	o 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.)		
(pick-up				
For m	ore information about vacation nal meeting.	care, please contact us by email and/or in a		
For maperson		care, please contact us by email and/or in a		
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