



APPLICATION FORM

Childcare during the event:

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Information about Child

Name:

First Name:

Language(s):

Date Of Birth:

Regular Childcare:

Allergy:

 No yes, following: _____

Other information (needs pacifier to fall asleep, sleep rhythm etc.):

Information about Parent

Parent 1:

Name:

First Name:

Street Name/House Number:

Postcode/City:

Mobile Phone:

Further Contact in Case of Emergency:

Parent 2:

Name:

First Name:

Street Name/House Number:

Postcode/City:

Mobile Phone:

Further Contact in Case of Emergency:

All personal data is treated confidential and is only used for the registration process. Should there be any changes regarding the data above or your need of childcare please inform us immediately. There is no entitlement to a childcare place through this application.

I hereby confirm the accuracy and completeness of the information I have provided above.

Place, Date

Signature of the parent

Please return the completed form to the mito-RTG manager:

Katerina Vlantis

via e-mail: katerina.vlantis@uni-koeln.de

Der Kanzler

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BIC COLSDE33