

**Application for half-day funding
In a day care facility for children
as from 1 year to beginning school**

Please enclose a copy of all proof.

First application **Subsequent application**

Please fill in the following data in printed block capitals.
Please do not complete the grey fields.

for the child / the children	1	2	3
Child No..			
Surname			
First name			
Date of birth			
Nationality			
Native language			
Street, house number			
Postcode, town			
Requested duration of care per day (type of service)	<input type="checkbox"/> Crèche 4 hours per day or 20 hours per week <input type="checkbox"/> Crèche 5 hours per day or 25 hours per week <input type="checkbox"/> Elementary 4 hours per day <input type="checkbox"/> Elementary 5 hours per day without lunch <input type="checkbox"/> Elementary 5 hours per day with lunch	<input type="checkbox"/> Crèche 4 hours per day or 20 hours per week <input type="checkbox"/> Crèche 5 hours per day or 25 hours per week <input type="checkbox"/> Elementary 4 hours per day <input type="checkbox"/> Elementary 5 hours per day without lunch <input type="checkbox"/> Elementary 5 hours per day with lunch	<input type="checkbox"/> Crèche 4 hours per day or 20 hours per week <input type="checkbox"/> Crèche 5 hours per day or 25 hours per week <input type="checkbox"/> Elementary 4 hours per day <input type="checkbox"/> Elementary 5 hours per day without lunch <input type="checkbox"/> Elementary 5 hours per day with lunch
Requested start of care (date)			
Requested end of care (date) ¹⁾			

1) Only enter if it is known when the care period will end (e.g. when moving house)

Parents / Care person	Mother	Father	Care person ²⁾
Number CP			
Surname			
First name			
Date of birth			
Marital status			
Street, house no., postcode, town (if different from that of the child)			
can be reached by telephone during the day at: (for any queries)			
e-mail			

2) In case the child **does not** live with its parents or its single parent, a person living with the child and who looks after it must be registered (e.g. care person/guardian).

Please also complete the reverse!

Is your child or one of your children already being looked after through a day-care facility or service?	<input type="checkbox"/> yes	<input type="checkbox"/> no
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Other children in the household	1	2	3
Surname			
First name			
Date of birth			

Other children receiving child support	1	2	3
Surname			
First name			
Date of birth			
Address			

I / we receive:

- "Arbeitslosengeld II" (unemployment benefits) as per SGB II (Vol. II of the German Social Code)
- Subsistence assistance as per Chapter 3 SGB XII (Vol. XII of the German Social Code)
- Payments as per Section 2 / Section 3 of the "Asylbewerberleistungsgesetz" (German Asylum Seekers Benefits Act)
- Child allowance under the "Bundeskindergeldgesetz" (German Federal Child Allowance Act)
- Housing benefits as per the "Wohngeldgesetz" (German Housing Benefits Act)

Please also tick the box if you receive extra payments under SGB II in addition to your income!
 NB: This information is voluntary.

As part of the obligation to cooperate in accordance with § 12 para 2 of the Hamburg Childcare Act (KibeG), please answer the following questions. If you do not fulfil your obligation to cooperate and the clarification of the facts are made considerably difficult as a result, the application can be refused. Personal data will be used solely for processing this application in accordance with §§ 61 et seqq. Social Legislation Volume VIII.

I confirm / we confirm with my/our signature(s), that all the information given by myself/us is true.

 Date / signature applicant/s