

Application for a Reduced Sibling Fee

Dear Parents,

You are eligible for a reduced sibling fee, if you have custody for several children und these children are cared for in a daycare center or an approved afternoon school program (Schulhort). Usually, the firstborn child is regarded as the first child and does not get a reduction. In order for the second child to get a reduced fee, please demonstrate the enrollment of the first child in a daycare center or an approved afternoon school program. For this, we provide the “Application for a Reduced Sibling Fee for the Second Child”. In order for the third and every other child to get a reduced fee, please fill out the “Application for a Reduced Sibling Fee for the Third and every other Child” accordingly.

Please fill out the application form(s) for every child that you seek a reduction for and then give it to the daycare or afternoon school program of your older child/children for confirmation. Please send the filled out application via E-Mail to:

familienservice@uni-freiburg.de

We will charge the reduced sibling fee starting in the month in which you turn in the filled-out form (no retroactive reduction possible).

The reductions is valid until the end of one Kita-year. Parents need to apply for each new Kita-year starting September 1 of each year.

If a sibling no longer attends a daycare center or afternoon school program, the Familienservice must be notified immediately.

Please note the following exception: Usually, the firstborn child is the first child and does not get a reduction. An exception exists for children who are attending certain forms of afternoon school programs because not all of these programs are approved, meaning not all of them qualify for getting a reduction. If a child attends an afternoon school program that is not approved, then this child does not count as first child, but the next younger child is considered the first child and does not get a reduction.

Best wishes,

Your Familienservice

Application for a Reduced Sibling Fee

Application for a Reduced Sibling Fee for the 2nd Child	
Child's surname and first name	
Date of birth	
Address	
Name of the Uni daycare center your child is attending	

I acknowledge that the reduced fee will be charged starting in the month in which I submit the filled- out form to the Familienservice (no retroactive reduction possible).

I will notify the Familienservice as soon as a sibling no longer attends a daycare center or afternoon school program. In case of non-compliance, the Familienservice will charge the regular parental fee retroactively.

Date

Signature of parents/guardians

Please give this form to the director of the daycare center or afternoon school program of your older child:

Bestätigung der Betreuungseinrichtung

Das Geschwisterkind (i.d.R. ältestes Kind) _____,

geb. am _____, besucht unsere Einrichtung (Name der Kita/ des Schüler-
horts) _____ seit _____ und

wird voraussichtlich bis _____ in unserer Einrichtung bleiben. Für dieses Kind
wird in unserer Einrichtung keine Geschwisterermäßigung gewährt.

Stempel der Einrichtung

Unterschrift der Einrichtungsleitung

Application for a Reduced Sibling Fee

Application for a Reduced Sibling Fee for the 3 rd and every further Child	
Child's surname and first name	
Date of Birth	
Address	
Name of the Uni daycare center your child is attending	

I acknowledge that the reduced fee will be charged starting in the month in which I submit the filled- out form to the Familienservice (no retroactive reduction possible).

I will notify the Familienservice as soon as a sibling no longer attends a daycare center or afternoon school program. In case of non-compliance, the Familienservice will charge the regular parental fee retroactively.

Date

Signature of parents/guardians

Please give this form to the director of the daycare center or afternoon school program of your older child:

Bestätigung der Betreuungseinrichtung

Das Geschwisterkind (zweites oder jedes weitere ältere Kind) _____

_____, geb. am _____, besucht unsere Einrichtung

(Name der Kita/ des Schülerhorts) _____

seit _____ und wird voraussichtlich bis _____ in unserer

Einrichtung bleiben. Für dieses Kind wird in unserer Einrichtung eine Geschwisterermäßigung gewährt.

Stempel der Einrichtung

Unterschrift der Einrichtungsleitung