

# Registration for a day care center place of the municipal enterprise DeKiTa

|                                                                                                           |   |   |   |                                                                                                                                                                                |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------|---|---|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| <b>Child</b>                                                                                              | 7 | 0 | 0 |                                                                                                                                                                                |  |  |  |  |
| Last name and first name: .....                                                                           |   |   |   |                                                                                                                                                                                |  |  |  |  |
| Date of birth: .....                                                                                      |   |   |   |                                                                                                                                                                                |  |  |  |  |
| Street and house number: .....                                                                            |   |   |   |                                                                                                                                                                                |  |  |  |  |
| Postal code and place of residence: .....                                                                 |   |   |   |                                                                                                                                                                                |  |  |  |  |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary |   |   |   |                                                                                                                                                                                |  |  |  |  |
| Measles protection vaccination <input type="checkbox"/> First vaccination on: .....                       |   |   |   |                                                                                                                                                                                |  |  |  |  |
| <input type="checkbox"/> Second vaccination on: .....                                                     |   |   |   |                                                                                                                                                                                |  |  |  |  |
| <b>Preferred facility</b>                                                                                 |   |   |   |                                                                                                                                                                                |  |  |  |  |
| 1st choice                                                                                                |   |   |   | Kita: .....                                                                                                                                                                    |  |  |  |  |
| 2nd choice                                                                                                |   |   |   | Kita: .....                                                                                                                                                                    |  |  |  |  |
| 3rd choice:                                                                                               |   |   |   | Kita: .....                                                                                                                                                                    |  |  |  |  |
| <b>Previous day care center:</b>                                                                          |   |   |   |                                                                                                                                                                                |  |  |  |  |
| Deregistration from the previous day care center as of: .....                                             |   |   |   |                                                                                                                                                                                |  |  |  |  |
| <b>Care / Supervision:</b>                                                                                |   |   |   |                                                                                                                                                                                |  |  |  |  |
| Desired start date: .....                                                                                 |   |   |   |                                                                                                                                                                                |  |  |  |  |
| Desired care period / hours:                                                                              |   |   |   | <input type="checkbox"/> 5 h <input type="checkbox"/> 6 h <input type="checkbox"/> 7 h <input type="checkbox"/> 8 h <input type="checkbox"/> 9 h <input type="checkbox"/> 10 h |  |  |  |  |
| <b>Does your child receive integration assistance?</b>                                                    |   |   |   | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                       |  |  |  |  |
| If yes, under:                                                                                            |   |   |   | <input type="checkbox"/> Social Code Book VIII §35a (emotional / social)<br><input type="checkbox"/> Social Code Book IX (physical and/or mental disability)                   |  |  |  |  |
| <b>Is there a need for inclusive day care?</b>                                                            |   |   |   | <input type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                       |  |  |  |  |
| My child is already receiving:                                                                            |   |   |   | <input type="checkbox"/> Speech therapy <input type="checkbox"/> Occupational therapy<br><input type="checkbox"/> Physical therapy <input type="checkbox"/> Early intervention |  |  |  |  |

## These are the next steps.:

Please send us your fully completed form by email to:  
[platzvergabe-dekita@dessau-rosslau.de](mailto:platzvergabe-dekita@dessau-rosslau.de)

## Our office hours:

Tuesday 8:00 a.m. – 12:00 p.m. and 1:30 p.m. – 5:30 p.m.  
 Thursday 8:00 a.m. – 12:00 p.m. and 1:30 p.m. – 4:00 p.m.  
 (further appointments by arrangement)

## Siblings

**Siblings living in the household?**

☐ Yes

☐ No

1. Last name / First name / Date of birth:

2. Last name / First name / Date of birth:

3. Last name / First name / Date of birth:

4. Last name / First name / Date of birth:

Does a sibling attend the above preferred facility at the same time?

☐ Yes

☐ No

## Legal guardian 1

Last name and first name:

Date of birth:

Gender:

☐ Male

☒ Female

☐ Non-Binary

Street and house number:

Postal code and place of residence:

Phone Number:

E-Mail-Adress:

Single Parent:

☐ Yes

☐ No

Disability (Proof required):

## Legal guardian 2

Last name and first name:

Date of birth:

Gender:

☐ Male

☐ Female

☐ Non-Binary

Street and house number:

Postal code and place of residence:

Living in the same household:

☐ Yes

☐ No

If not living in the same household, please provide the different residential address.

Street and house number:

Postal code and place of residence:

Disability (Proof required):

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### Further information on deregistration from a day care or after-school care place

For the care arrangement concluded between you and the municipal enterprise DeKiTa, the relevant provisions of the statutes on the use of the municipal day care centers of the city of Dessau-Roßlau in their respectively valid version, as well as the statutes on the collection of cost contributions and fees for the use of the municipal day care facilities of the municipal enterprise of the city of Dessau-Roßlau in their respectively valid version, shall apply.

Parents may terminate the care arrangement for their child in accordance with §6 (2) of the statute on the use of the municipal day care facilities, in writing with a notice period of 6 weeks to the end of a month.

### Data Protection Declaration:

I/we confirm the accuracy and completeness of the above information. I/we commit to immediately notifying the relevant providers of day care facilities of any changes in personal and family circumstances, in particular changes of address, changes in care hours, changes in cost contributions, changes regarding the child benefit entitlement, transfer or deregistration from the facility, in accordance with § 60 Para. 1, No. 1; § 66 Para. 1 and 3; § 67 SGB I; § 97a Para. 1, 3 to 5 SGB VIII.

I/We grant the providers of day care facilities permission to exchange and process the necessary information with one another for the purpose of processing the application. I/We am/are aware that, in the event of a lack of cooperation, the benefit provider may, in accordance with § 66 SGB I, withhold benefits in whole or in part until the obligation to cooperate has been fulfilled. The data is subject to social confidentiality. Your data is collected on the basis of §§ 60, 61 and 65 of the First Book of the Social Code (SGB I) and §§ 67 a - c of the Tenth Book of the Social Code (SGB X) for the provision of services and fulfilment of tasks under the KiFöG LSA. Your personal data will be matched, processed and stored for the purpose of determining the cost contribution, calculating the sibling discount, where applicable for necessary reimbursements, and for the fulfilment of § 13 (5) KiFöG LSA. For the fulfilment of § 13 (5) KiFöG LSA, your data will be stored at the Youth Welfare Office of the city of Dessau-Roßlau solely as evidence in the context of individual case reviews by the supra-local youth welfare provider and the State Administration Office.

**I/We have taken note of the reasons for data collection and agree to them.**

Date | Signature 1st legal guardian:

.....

Date | Signature 2nd legal guardian:

.....

**Should you have any questions regarding the registration, you can reach us by phone at: 0340 / 204 18 15.**

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