



PRE-REGISTRATION FORM **KuKi KISTE**

for the winter semester _____ summer semester _____

names of the parents /legal guardians

(I) _____ (II) _____

address street _____ post code _____ city _____

phone numbers (I) _____ (II) _____

e-mail addresses (I) _____ (II) _____

please X where appropriate

student | university of art linz | matriculation number _____

employee | university of art linz | employee number _____

graduate | university of art linz

student | another university | OJKU OFH OPH OKTU OABPU O _____

employee | another university | OJKU OFH OPH OKTU OABPU O _____

external

name of the child _____

date of birth _____

individual needs of the child _____

we would need child care on the following days

(each child is allowed to come to the KuKi Kiste maximum 15 hours on maximum 3 days a week; only until noon)

monday _____

tuesday _____

wednesday _____

thursday _____

friday _____

_____ date

_____ signature of the parents/legal guardians