

Child-Care Subsidy Voucher Application Form

Please send the completed and signed application form, together with the **Confirmation of Care from the Day-Care Centre**, to the school administration department of the Community of Kilchberg. The request has to be submitted prior to the start of the subsidised child-care. Claims for child-care vouchers cannot be made retrospectively.

Personal Data of Parents/Guardians (and partners living in the same household):

	Person 1	Person 2
Surname:	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>	<input type="text"/>
Street:	<input type="text"/>	<input type="text"/>
ZIP Code/Town	<input type="text"/>	<input type="text"/>
Date of Birth:	<input type="text"/>	<input type="text"/>
Phone Number:	<input type="text"/>	<input type="text"/>
E-Mail	<input type="text"/>	<input type="text"/>

Children Enrolled in the Child-Care Centre:

Surname, Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Surname, Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Surname, Name:	<input type="text"/>	Date of Birth:	<input type="text"/>

Tax Arrangements:

Are your tax contributions deducted at source? No Yes

Payment Details:

In general, child-care vouchers are paid directly to the parents/guardians. Payments to a third party are only possible in exceptional cases, e.g. being in receipt of social welfare, or subject to a justified request of the child care centre.

IBAN	<input type="text"/>
Bank / Post	<input type="text"/>
Account Holder	<input type="text"/>

Notification Requirements and Consent:

The applicant(s) undertakes to inform the school administration department of the Community of Kilchberg within a month of any changes in reference to the relevant income of the parents/guardians, or to the percentage of care at the child-care centre. That also applies to the termination of the child-care contract, or the relocation of the applicant(s) outside the Community of Kilchberg. It is the responsibility of the parents/guardians to inform the school administration department of the Community of Kilchberg of any changes. Benefits that was received unjustifiably will be claimed back from the parents/guardians in full. By signing this form, you confirm that this application was completed accurately and truthfully. For the purpose of calculating the amount of the subsidiary, you authorise the school administration department of the Community of Kilchberg to obtain all necessary further information and documents from other local and federal authorities.

Place and Date:	<input type="text"/>	Signature Person 1	<input type="text"/>
		Signature Person 2	<input type="text"/>

Enclosed:

Confirmation of Care from the Day-Care Centre (form of the Community of Kilchberg)