

## VBC Child Care Center

### Contact Details

#### Child

Name

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Date of Birth

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#### Parent(s)

Name(s)

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E-Mail

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Phone

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**VBC Child Care Center**

Confirmation Employer VBC / MQM

Hereby we confirm that the parent(s):

- Mother: \_\_\_\_\_
- Father: \_\_\_\_\_

is/are currently employed in our research institution/company:

\_\_\_\_\_

a member of Vienna BioCenter / MQM.

Furthermore, we declare that our research institution/company is taking over the quarterly costs<sup>1</sup> for the VBC Child Care Center, for as long as the work contract is valid.

\_\_\_\_\_  
(Place, date)

\_\_\_\_\_  
(Signature, stamp)

\_\_\_\_\_

<sup>1</sup> For a detailed cost overview, please see the Appendix

## VBC Child Care Center

### Confirmation Parent(s)

I hereby declare to inform the VBCF Administration ([billing@vbcf.ac.at](mailto:billing@vbcf.ac.at)) at least one month before my work contract with my employer ends or my employer will no longer bear the Company Contribution.

I accept that with the end of my employment, the claim on the place in the Child Care Center also expires. As long as free places are available, my child can remain in the Child Care Center, provided that the Company Contribution is paid by myself.

Thus, I declare to take over the additional fee with the amount of the Company Contribution for the Child Care Center, as soon as my work contract with the employer ends or my employer will no longer bear the Company Contribution.

I have read and understood the cost details, as explained in the Appendix.

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(Place, Date)

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(Name & Signature Mother)

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(Name & Signature Father)