



Tuition
Meals

## Children's Group Application Form – ZZ MČ Praha 4

Date of acceptance
Date of termination

### CHILD:

Surname:	Name:	Date of birth:
Permanent address:		
Insurance company:		

### FATHER: \*)

Surname:	Name:	Date of birth:
Permanent address:		
Employer (name and address):		
Phone (work):	Mobile:	E-mail:
Confirmation of employment (signature, seal):		
Bank account number:		

### MOTHER: \*)

Surname:	Name:	Date of birth:
Permanent address:		
Employer (name and address):		
Phone (work):	Mobile:	E-mail:
Confirmation of employment (signature, seal):		
Bank account number:		

### CHILD'S SIBLINGS:

Name:	Date of birth:	Attending school (preschool):
Name:	Date of birth:	Attending school (preschool):
Name:	Date of birth:	Attending school (preschool):



\*) In case the child does not have parents or he/she does not reside with them, the FATHER and MOTHER part to be filled in by persons who have direct custody of the child; these persons will enter their personal data, including a note on their relationship with the child (e.g. grandmother, foster parent).  
In case the child does have parents and their parental rights were not terminated, it is required that also one of the parents signs the evidence sheet, apart from the persons who have the child in custody.

### CHILD' STATE OF HEALTH (to be filled in by a physician):

I hereby confirm that the child's state of health is good and there are no objections against his/her acceptance into the children's group. **)				
Objections to the child's acceptance into the children's group are listed below: **)				
**) Strike out section not applicable.				
Child is vaccinated and revaccinated against:				
<b>Infanrix Hexa, or Hexacima</b> (diphtheria, tetanus, pertussis, polio, HIB, HBV)	1.	2.	3.	4.
<b>Priorix</b> (MMR)	1.	2.		
Others:				
The child had these communicable diseases:				
Chickenpox				
In	dated	Physician's signature and seal		
Not older than three months at the time of the application submission				

1. We hereby undertake to adhere to the Children's group (CG) rules. We are aware that its repeated violation may result in exclusion of the child from the CG.
2. We are aware that we have to submit all confirmations of the child's vaccinations and also the medical statement on the child's state of health in case he/she is returning to the Children's group after his/her sickness. We also undertake to inform the CG immediately in case a communicable disease occurs in our family or its vicinity.
3. We agree to all medical measures taken by the CG and we agree to provide access to the medical records for viewing to all employees of ZZ MČ Praha 4 who provide health – educational care or who supervise the quality of the care provided, as well as to the persons gaining their knowledge in the area of health care services (e.g. students of nursing schools). These workers are bound to maintain confidentiality.
4. We hereby undertake to pay the monthly fee for the child in CG. We are aware that in case of unjustified non-payment, the child will not be accepted to the CG in the following month.
5. We hereby agree with taking the child's photos in CG, and potential publishing of the pictures on the organization web pages.
6. We hereby agree with the collection and processing of personal data in accordance with Section 11, of the Act No. 101/2000 Coll. We hereby undertake to inform the Children's group about any changes without undue delay.

In

Dated

Parents' signatures

SPECIMEN

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