



Deposit Tuition

Children's Group Application Form – ZZ MČ Praha 4

Children's group

Date of acceptance

Date of termination

| CHILD: | | |
|--------------------|---|------------|
| Surname: | Name: | |
| Permanent address: | | |
| Insurance company: | | |
| FATHER: *) | | |
| Surname: | Name: | Birthdate: |
| Permanent address: | $\mathbf{V}\mathbf{V}$ | |
| Mailing address: | | |
| Phone (work): | Mobile: | E-mail: |
| Employer: | Confirmation of employment (signature, seal): | |
| MOTHER: *) | | |
| Surname: | Name: | Birthdate: |
| Permanent address: | | |
| Mailing adress: | | |
| Phone (work): | Mobile: | E-mail: |
| Employer: | Confirmation of employment (signature, seal): | |





*) 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):

Assessed child (strike out section not applicable):

- a) is medically fit to joins the group
- b) is not medically fit to joins the group
- c) is medically fit with this restriction.....

The child is vaccinated according to the vaccination calendar: YES/NO

Others:

Allergy:

The child is constantly taking these medicines:

dated

In

Physician's signature and seal

Not older than three months at the time of the application sibmission

- We undertake to report to the provider the dates of the performed applications of compulsory vaccination.
- 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.
- 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.
- 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.
- 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. We hereby agree with taking the child's photos in CG, and potential publishing of the pictures on the organization web pages.
- 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.

Dated

Parents' signatures

In