

Deposit:
Tuition:

Application to the Children's Group of the Medical Facility of the Municipality of Prague 4

Children's group
Received on:
Released on:

CHILD:

Surname:	Name:
Permanent address:	
Health insurance:	Date of birth:
Account number for direct debit:	

FATHER: *)

Surname:	Name:	Date of birth:
Permanent address:		
Delivery address:		
Phone number:		E-mail:
Employer (name and address):		Job position:

Please note that when signing the "Contract for the provision of childcare services in the children's group," it is necessary to provide a completed "Parent's confirmation of attachment to the labor market" from one of the parents. This is necessary for the child to be admitted to the playgroup.

MOTHER: *)

Surname:	Name:	Date of birth:
Permanent address:		
Delivery address:		
Phone number:		E-mail:
Employer (name and address):		Job position:

Please note that when signing the "Contract for the provision of childcare services in the children's group," it is necessary to provide a completed "Parent's confirmation of attachment to the labor market" from one of the parents. This is necessary for the child to be admitted to the playgroup.

*) If the child does not have parents or does not live with them, the PARENT and MOTHER sections are to be filled in by the persons who have custody of the child and enter their data with a note about their relationship to the child (e.g., grandmother, foster parent).

If the child has parents and they are not relieved of parental responsibility, the registration form must be signed by one of the parents and persons with custody of the child.

MEALS:

Food and drink intolerance*
Other dietary specifics*

* Please note that due to operational reasons, providing any special meals for the child is impossible. Bringing your own food to your child for hygiene reasons is forbidden.

SURVEY OF THE CHILD'S MEDICAL CAPACITY FOR ADMISSION TO THE CHILDREN'S GROUP (to be completed by a doctor):	
Assessed child (delete as appropriate): (a) is medically fit to join the playgroup (b) is not medically eligible to join the playgroup (c) is suitable with the following limitation:	
The child is vaccinated according to the vaccination calendar (delete as appropriate):	YES / NO
The child has the following allergies:	
The child consistently takes the following medications:	
In date	Signature and stamp of the doctor
Not older than 3 months at the time of application	

In date
Signature of parent(s)