Consent to the Processing of Personal Data

within the meaning of Articles 4 and 7 of Regulation (EU) 2016/679 of the European Parliament and of the Council (General Data Protection Regulation) in conjunction with Act No. 110/2019 Coll., on the Processing of Personal Data

The processing of personal data based on this consent is carried out by the Healthcare Facility of Prague 4 Municipal District, Kotorska 1590/40, Prague 4, ID No. 44846291, tel. +420 296 320 401, email: reditelstvi@zzpraha4.cz, hereinafter referred to as the "Controller".reditelstvi@zzpraha4.cz

Personal Data of the Child and Legal Guardian*

Child's Full Name: _____

Child's Date of Birth: _____

Address: _____

Full Name of Legal Guardian: _____

Date of Birth of Legal Guardian: _____

Address (if different from the child's): _____

Basic Information on Providing Consent

The information below describes the basic principles governing the processing of personal data of children and legal guardians based on this consent. The Controller also carries out other processing activities related to the provision of childcare services. Further information is available at https://www.zzpraha4.cz/. Granting consent is voluntary and is not a condition for providing childcare services in the children's group. Consent may be withdrawn at any time using the Controller contact details.

Purposes for Which Consent Is Granted

I consent to the processing of my child's personal data (photographs, audio recordings, video recordings or other images) for the following purposes:

☐ Photographs, audio and video recordings of the above child(ren) taken during activities in the children's group and garden may be published on communication channels used by the Healthcare Facility of Prague 4 Municipal District for informing parents and funding bodies about the children's group activities.

☐ Use of photographs and video recordings of my child for the presentation and promotion of the children's groups (articles, magazines, events, Facebook and other social networks).

Consent is granted separately for each purpose by ticking ☒ in the relevant line.
If you do not wish to grant consent for a given purpose, leave ☐ unchecked.

Valid from: 30 March 2026
Effective from: 1 September 2026

Period for Which Consent Is Granted

Consent is granted for the duration of my child's attendance in the children's group.
The above data, if processed in printed form (for example, a printed children's group chronicle), may continue to be processed after attendance ends or after consent is withdrawn.

Rights of Data Subjects

In accordance with the GDPR, you have the right to:

- - withdraw consent at any time;
- - access personal data;
- - rectification and erasure of personal data;
- - restriction of processing;
- - data portability;
- - object to processing.

You also have the right to lodge a complaint with the Czech Data Protection Authority.
Data Protection Officer: Prague 4 Municipal District
Mgr. Jana Puzmanova, MBA

✆ 261 192 487
✉ poverenec.gdpr@praha4.cz

In …… on ……

Signature of Legal Guardian* ……

* Parents are informed that under the Civil Code they are entitled to represent the child in legal matters and act with the consent of the other parent.

Valid from: 30 March 2026
Effective from: 1 September 2026

I, ..., born on .....,

permanently residing at .....,

am the parent (legal guardian) of the child(ren) ……
hereby

permanently residing at.....,

am the parent (legal guardian) of the child(ren) ……

hereby

SOLEMNLY DECLARE THAT

in the document "Application to the Children's Group of the Healthcare Facility of Prague 4 Municipal District" and in the "Agreement on Provision of Childcare Services in a Children's Group", I have provided accurate, truthful and complete information.
I undertake to report within 10 days any changes to the information stated in the application and agreement in writing to the head of the children's group.
I also undertake to notify the provider immediately in writing if the child is admitted to pre-school education.
I am aware of the obligation to meet the labour-market attachment condition and to report changes related to my labour-market status.

I CONFIRM THAT

1. I have been acquainted with the Operating Rules of the Children's Group;
2. I acknowledge that any overpayment not collected within one month after the child's attendance ends shall be forfeited in favour of the provider;
3. I acknowledge that if tuition and meal fees are not paid by the due date, my child ..... will not be admitted to the children's group;
4. I acknowledge that if the child is absent from the children's group for more than one month, the child may be removed from the group;
5. I am aware that the provider receives an operating subsidy for the children's group;
6. No contract has been concluded for a place for my child in another children's group receiving an operating subsidy during the guaranteed place period;
7. The child is not enrolled in preschool education or individual education during the guaranteed place period;
8. I am willing to submit an up-to-date document proving labour-market attachment upon request.

I AGREE / I DO NOT AGREE

If necessary, minor wounds or abrasions may be cleaned with Betadine and a plaster may be applied to my child. I am not aware of any allergic reaction (cross out as applicable):

- ☐ Yes, I agree.
- ☐ No, I do not agree.

If a tick is attached to the child, a staff member with healthcare training may remove it (cross out as applicable):

- ☐ Yes, I agree.

☐ No, I do not agree.

If necessary, the provider may assess the child's health condition and measure body temperature using a contactless thermometer (cross out as applicable):

☐ Yes, I agree.

☐ No, I do not agree.

In Prague on ……

Signature ……