Deposit:
Tuition fee:

Application for ZZ Prague 4 Municipal District Childcare Group

Childcare group:
Accepted on:
Released on:

CHILD:

Surname:	First name:
Permanent address:	
Health insurance company:	Date of birth:
Personal ID No. (if the child is not a Czech citizen, state the type and number of identity document issued by the Czech Republic and EHIC-European Health Insurance Card number):	
Account number for direct debit:	

FATHER: **)

Surname:	First name:	Date of birth:
Permanent address:		
Mailing address:		
Mobile:	E-mail:	
Employer (name and registered address) *:		

MOTHER: **)

Surname:	First name:	Date of birth:
Permanent address:		
Mailing address:		
Mobile:	E-mail:	
Employer (name and registered address) *:		

Please note that when signing the "Agreement on the Provision of Childcare Services in a Childcare Group", it is necessary to submit a completed "Confirmation of Connection to the Labour Market" from one of the parents. Proof of connection to the labour market may also be provided by a spouse, partner, or registered partner living in the same household with the parent, together with the relevant declaration. Without the "Confirmation of Connection to the Labour Market", the child cannot be admitted to the childcare group.

If the child has no parents or does not live with them, the FATHER and MOTHER sections shall be completed by the persons caring for the child and they shall provide their own details together with a note describing their relationship to the child (e.g. grandmother, foster parent). If the child has parents and they have not been deprived of parental responsibility, the childcare group application must also be signed by one of the parents in addition to the persons caring for the child.

MEALS:

Food and beverage intolerances*
Other dietary requirements*

Please note that, due to operational reasons, it is not possible to provide any special diet for the child. Bringing the child's own food is prohibited for hygiene and operational reasons.

MEDICAL FITNOSS ASSESSMENT FOR ADMISSION TO THE CHILDCARE GROUP (to be completed by a physician):
Child assessed (delete as appropriate): a) is medically fit to attend the childcare group b) is not medically fit to attend the childcare group c) is fit subject to the following limitation: ……
The child has been vaccinated according to the vaccination schedule (delete as appropriate): YES / NO
The child has the following allergies:
The child regularly takes the following medication:
Physician's signature and stamp Not older than 3 months at the time of application submission

Place …… date ……. **……**

Parent(s) signature