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**APPLICATION FOR ENROLLMENT**

**ENGLISH OUTDOOR PRECHOOL VYŠEHRAD MONSTERS**

Operator:

**All4kids, z.s.** (IČ 22771611)

Address: U Libeňského pivovaru 31, 180 00, Praha 8

Account number: 2500191607/2010

Statutory: Barbora Drážníková

Preschool address and contact:

Na Pankráci 22, Praha 4 - Nusle

[info@vysehradmonsters.cz](mailto:info@vysehradmonsters.cz)

607 757 816

**Attendance type:**

Monsters (3 – 6 years)

full program (whole week)

4 days a week, please specify:

3 days a week, please specify:

Baby Monsters (18 months – 3 years)

whole week, all-day (8:00 - 15:30)

whole week, half-day (8:00 - 12:30)

4 days a week, all-day (8:00 - 15:30) - please specify:

4 days a week, half-day (8:00 - 12:30) - please specify:

3 days a week, all-day (8:00 - 15:30) - please specify:

3 days a week, half-day (8:00 - 12:30) - please specify:

**Name and surname of the child**: Klikněte sem a zadejte text.

Date of birth**:** Klikněte sem a zadejte text.

Place of birth: Klikněte sem a zadejte text.

Personal ID: Klikněte sem a zadejte text.

Health insurance: Klikněte sem a zadejte text.

Address**:** Klikněte sem a zadejte text.

Nationality: Klikněte sem a zadejte text.

**Application for enrollment of the child for attendance starting from:** Klikněte sem a zadejte text.

**Parents (legal representatives):**

Name and Surname: Klikněte sem a zadejte text.

Date and place of birth: Klikněte sem a zadejte text.

Address: Klikněte sem a zadejte text.

Occupation: Klikněte sem a zadejte text.

Contact phone: Klikněte sem a zadejte text.

Contact e-mail: Klikněte sem a zadejte text.

Name and Surname: Klikněte sem a zadejte text.

Date and place of birth: Klikněte sem a zadejte text.

Address: Klikněte sem a zadejte text.

Occupation: Klikněte sem a zadejte text.

Contact phone: Klikněte sem a zadejte text.

Contact e-mail: Klikněte sem a zadejte text.

**Information about the health condition of the child** *(tick)*:

child is healthy

child requires special care in the area *(tick and specify)*:

medical: Klikněte sem a zadejte text.

sensorial: Klikněte sem a zadejte text.

physical: Klikněte sem a zadejte text.

dietary: Klikněte sem a zadejte text.

other: Klikněte sem a zadejte text.

**Other information about the health condition:**

allergies: Klikněte sem a zadejte text.

permanent medication: Klikněte sem a zadejte text.

other limitations: Klikněte sem a zadejte text.

Parent claims, that the statement on the health condition of the child, which is a condition for enrolling the child for attendance, contains accurate, truthful and complete information.

In Prague on …………………. ……………………………………… signature of parent / legal representative

……………………………………… signature of parent / legal representative