**Application**

**for pre-school education**

Att: director of Laudova kindergarten with special classes, Laudova 3/1030, Prague 6-Řepy, Mgr. Alena Luca

**I’m applying for admission to pre-school education:**

Child’s name ……………………………….. Date of birth………………………...

Permanent residence ………………………………………………………………………..

From the school year .....................

Nationality ………………………………….. Country of citizenship …………..........

ID Number ………………………………… Health insurance …………………….

**And I’m providing the following true information about the child:**

Any particularities and important information …………………………………………………

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| MEDICAL REPORT  (In accordance with the provisions of Section 50 of Act no. 258/2000 Coll., On public health protection, as amended.)  The child may be admitted to kindergarten   1. – if it’s healthy and properly vaccinated 2. – if it requires special care in the areas of:  * health * physical * sensory * other (specify) * other serious messages about the child:   Allergies:  Opportunity to participate in school events  swimming, sauna, outdoor school  …………………………….. ………………………………..  date signature and stamp of the doctor |

Other important information

About the child’s mother:

First and last name …………………………………… d.o.b. ……...................................

Contact address ........................................................................................................................

email ............................................................... tel. ..............................................

About the child’s father:

First and last name ....................................................... d.o.b. ............................................

Contact address ........................................................................................................................

email .......................................................... tel. ..............................................

About the child’s siblings:

First and last name………………………………………. d.o.b. ……………………....

First and last name ……………………………………. d.o.b ……………………….

First and last name ……………………………………. d.o.b. ……………………….

**Declaration by legal representatives**

I give my consent to the kindergarten to process and record personal data and sensitive personal data of my child within the meaning of the provisions of Act No.101 / 2000 Coll. about the protection of personal data, as amended. Its agreement provides for the compulsory documentation by the school according to law no. 561 / 2004Sb. Education Act, as amended, keeping the necessary medical documentation, organizing extracurricular activities of the school, the students’ accident insurance, publishing photographs of my child in school promotional material, including websites for schools and other purposes related to the running of the school. Consent is provided for the entire period of my child's attendance at the school and for the statutory period for which this documentation is mandatorily archived by the school.

In Prague, on the day …………………………………….

Signature of the legal representatives …..........................................................................