



APPLICATION of a child in kindergarten

My child

Child's surname		Child's name	
Date of birth		Nationality	
Number of ID		Health insurance	
Home adress	Street and number		
	City		

was accepted to attend kindergarten from _____

attendance	whole day	1/2 day		selected days (mark)
		morning	afternoon	
5 days				
4 days				Mo, Tu, We, Th, Fr
3 days				Mo, Tu, We, Th, Fr
2 days				Mo, Tu, We, Th, Fr
1 day				Mo, Tu, We, Th, Fr
note				

Simultaneously with the application must be paid reservation deposit of CZK 1,000 , in cash or to an account at FIO bank account number 2200272659 / 2010. This deposit will be deducted from the price for the first month of attendance . Without the payment application can not be accepted. As Variable symbol is the personal identification number of the child , in a note for the recipient , give the name of the child.

MOTHER

FATHER

Name and Surname: _____

Phone: _____

Email: _____

We confirm that the conditions for admission to kindergarten we are aware of and agree with them . We will respect all obligations associated with attendance.

Date: _____ Signatures: _____
