

APPLICATION FORM

LITTLE FAMILY Brno – Nad Arborettem 1 a 2, children's group

Child:

Full name: **Date of birth:**

Birth number: **Health insurance company:**

Permanent residence: **Nationality:**

for the enrolment of the child in the **LITTLE FAMILY Brno – Nad Arborettem 1 a 2 children's group, in Brno 613 00, třída Generála Píky 2057/3a**, operated by the registered association PROGRES Brno, z.s., Na Hradbách 3213/1a, Šumperk 78701, CIN: 214 59 592.

Expected date of joining the children's group:

Select a preferred children's group:

Nad Arborettem 1 (children's group with total capacity up to 12 children)

Nad Arborettem 2 (children's group with total capacity up to 24 children)

Please note: Although we take your preferences into account, the final decision on the placement of the child rests with the operator.

The child has undergone the prescribed regular vaccinations, has proof that he/she is immune to the infection, or cannot undergo vaccination due to a permanent contraindication (the information will be confirmed later by the pediatrician on a special form):

YES

NO

Additional information about the child:

Particularities and important information:

.....

Special health concerns (diet, allergies, injuries, epilepsy, asthma, diabetes, other illnesses, medication use, other needs, etc.)

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Mother of the child (legal guardian):

Full name:..... Telephone number:
Date of birth:..... Email:
Residential address: Mail address:
.....

Father of the child (legal guardian):

Full name:..... Telephone number:
Date of birth:..... Email:
Residential address: Mail address:
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Divorced parents:

Divorce file (verdict) number:
Date of the verdict:
Custodial parent:

The non-custodial parent is allowed to have contact with the child on these terms:

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Preferred attendance option:

A) daily attendance – full day

B) other option.....

Other important information that we need to be aware of:

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.....

Declaration of the Legal guardian:

I, the undersigned legal guardian of the child being enrolled in the LITTLE FAMILY children's group (hereinafter referred to as the "CG"), hereby grant consent to the above-mentioned organization to process the personal data I have provided, including birth identification numbers, in accordance with all provisions of Act No. 101/2000 Coll., on the Protection of Personal Data, as amended, and Act No. 133/2000 Coll., on the Registration of Inhabitants and Birth Identification Numbers, as amended.

I provide my consent for the purpose of maintaining CG documentation. This consent is granted for the entire period of my child's attendance at the CG. The CG operator undertakes not to disclose this information to any other persons or authorities, except in cases stipulated by law.

I undertake to promptly inform the competent person at the CG of any changes in my child's health condition or any limitations resulting from such changes that could affect the provision of childcare services at the CG, as well as of any occurrence of a contagious disease within our family or in the child's immediate surroundings, or any illness of the child or of a person with whom the child has been in contact.



I acknowledge that if any false information is provided, the decision on my child's admission to the CG may be revoked at any time, or the child may be expelled from the CG.

In the event of any changes to the information provided, I undertake to inform the CG without delay.

Signed in Date:

.....
Legal guardian (signature)

.....
Legal guardian (signature)