

**APPLICATION FOR ADMISSION of a child to kindergarten**

**I ask you to admit my son/daughter to kindergarten for a**

1. Whole day attendance

2. Half day attendance

First day of child’s attendance: ........................................................................................................................................

**Name and last name of child** .............................................................................................................................................

Date and place of birth: .......................................................................................................................................................

Nationality: ............................. Citizenship: .............................. Native language ………………………………………..

Social security number: ...........................................................

Home address: .....................................................................................................................................................................

**Father:**

Name and last name: ............................................................................................................................................................

Address: …………………………………………………………………………………………………………………..

E-mail: .............................................. ......................................Phone number: ..................................................................

**Mother:**

Name and last name: ..........................................................................................................................................................

Address: ………………………………………………………………………………………………………………….

E-mail: .............................................. ......................................Phone number: ..................................................................

Address for correspondence:

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**I declare that all information in this form is truthful.**

**The application can be submitted only with the doctor´s confirmation.**

**We process your personal data in accordance with the current Personal Data Protection Act (18/2018) and the European Parliament and Council Regulation 2016/679.**

Signature of father and mother /legal guardians: …………………………………………………………………………………….

Trnava, date: ………….......................................................................

**We process your personal data in accordance with the current Personal Data Protection Act (18/2018) and the European Parliament and Council Regulation 2016/679.**

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**Doctor’s confirmation – Information about child’s health**

Overall health condition of the child (mental, physical, sensory development, vaccinations: YES/ NO, allergies, etc.)

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I confirm that the child was not diagnosed with any diseases that would not allow him/her to be accepted to kindergarten.

Issue date of the confirmation: …………………....

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Pediatrician’s stamp and signature

Name and phone number of pediatrician: ..........................................................................................................................

**Private kindergarten BESST Limbová 3, Trnava, ivana.puskarova@besst.sk, phone: 0917 102 611**