



APPLICATION FORM

to EduArt Nursery and Preschool

Child information

| | |
|--|-----------------|
| Name and surname: | Place of birth: |
| Permanent residence: | |
| Temporary residence (if different from permanent): | |
| Nationality: | Birthdate: |

Legal Representative 1

| | |
|--|------|
| Name, surname, titles: | |
| e-mail: | tel: |
| Address (if different from the child): | |

Legal Representative 2

| | |
|--|------|
| Name, surname, titles: | |
| e-mail: | tel: |
| Address (if different from the child): | |



Meal, start of attendance, form of attendance, transport

I am interested in all-day meals (snack, lunch, snack)
I am interested in half-day meals (snack, lunch)

I am signing the child in the EduArt nursery and preschool from:
(fill in the date)

Mark the required days of the attendance: Mo Tue Wed Thu Fri

I am interested in attendance till: 6 PM 3,30 PM 12,30 PM

Persons, who can pick up the child:

name: relation: tel.:

name: relation: tel.:

name: relation: tel.:

How did you learn about our preschool? (choose)

leaflet Google internet catalogue of preschools (which one)
FB from our friends other:

Place _____ Date _____

Signature of legal representative: _____

Note: Send your application form to email address info@skolkaeduart.cz, or send the original to Jana Masaryka 45, Prague 2 - Vinohrady, or personally deliver to the EduArt preschool. All information provided is confidential and will not be published anywhere.



DOCTOR'S CONFIRMATION

I confirm that _____ born _____

address _____ has undergone a proper vaccination according to the valid vaccination calendar. He/she is fully eligible to attend EduArt Nursery and Preschool and participate in all activities and events.

Alergies: _____

Regularly used medication: _____

Other important information reagrding child's health:

This medical confirmation is issued to the child's legal representative on the basis of Section 50 of Act No. 258/2000 Coll., On the Protection of Public Health and on Amendments to Certain Related Acts, in connection with the intention to apply for pre-school attendance.

Place _____ Date _____

Stamp and doctor's signature _____