



## APPLICATION FORM

I sign up my child for a branch (tag the selected branch)	
BRANCH PRAGUE 2	BRANCH PRAGUE 4

### 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 (write down preferred pick up  
time).....

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 All information provided is confidential and will not be published anywhere.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.

Allergies: \_\_\_\_\_

Regularly used medication: \_\_\_\_\_

Other important information regarding 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 \_\_\_\_\_