



Nursery

Žltá 3896/2A, 851 07 Bratislava

Telephone number: 0917 093 994 and e-mail: jasle@bystraskolka.sk

**Application for admission of a child
to the Child Care Facility under the age of three,
Žltá 3896/2A, 851 07 Bratislava**

Details of the child to be cared for:

Name and surname of the child:

Date of birth:

Place of birth:

Birth number of the child:

Address of permanent residence or address of the place where the child usually resides, if not at the address of permanent residence:

Nationality: Citizenship:

Data on the child's legal guardians:

Name and surname of the child's father:

Address of permanent residence or address of the place where the legal representative usually resides, if he does not reside at

the address of permanent residence:

Phone contact: E-mail:

Name and surname of the child's mother:

Address of permanent residence or address of the place where the legal representative usually resides, if he does not reside at

the address of permanent residence:

Phone contact: E-mail:

I am registering a child for the Nursery, Žltá 3896 / 2A, 851 07 Bratislava with the date of entry from:.....for a full-day stay (snack, lunch, snack) / half-day stay (snack, lunch) (strike out what does not apply)



Declaration of the child 's legal guardian

Pursuant to Act no. 18/2018 Coll. on the protection of personal data and on the amendment of certain laws, I give my consent to the processing of personal data specified in this application. Consent to the processing of personal data is granted for an indefinite period and may be revoked at any time by written appeal.

In Bratislava

On

Signature of the child's legal guardians: mother father

General practitioner's certificate for children and adolescents about the child's health

Doctor's confirmation of the child's state of health, including data on vaccinations, or unvaccinated according to § 24 from. 7 of Act no. 355/2007 Coll. on the protection, promotion and development of public health and on the amendment of certain laws, as amended.

Doctor's statement:

Vaccinated: Yes / No

* (strike out what does not apply)

Allergies:

A date:

Stamp and signature of doctor: