

Dítě	
First name(s):	Surname:
Birth date:	Birth number / passport number:
Sex ( F / M ):	Nationality:
Address:	Health insurance company:
Matka	
First name(s):	Surname:
Address:	Mother language:
Birth date:	Mobile phone:
E-mail:	Employer:
Otec	
First name(s):	Surname:
Address:	Mother language:
Birth date:	Mobilní telefon:
E-mail:	Employer:
Jiná pověřená osoba	
First name(s):	Surname:
Address:	Mother language:
Birth date:	Mobile phone:
E-mail:	Employer:

### Required attendance of the child:

Category according to age:	18 months – 3 years	<input type="checkbox"/>	
	3 – 7 years	<input type="checkbox"/>	
Number of days in week:		<input type="checkbox"/>	<b>of that:</b>
		<input type="checkbox"/>	Full day
		<input type="checkbox"/>	Mornings
		<input type="checkbox"/>	Afternoons
Preferred days	<input type="checkbox"/> MO <input type="checkbox"/> TU <input type="checkbox"/> WE <input type="checkbox"/> TH <input type="checkbox"/> FR		

Further information	
Food allergy specify	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other restrictions specify	<input type="checkbox"/> YES <input type="checkbox"/> NO
The child sleeps after lunch	<input type="checkbox"/> YES <input type="checkbox"/> NO
Language which the child communicates in	

The data are confidential under the Act č.256/1992., The protection of personal data in information systems, Act No. 106/1999 Coll., On free access to information and the Act No. 101/2000 Coll., The protection of personal data and amending certain laws.

I declare that I have been informed about the registration in the Banbin studio and the Guide Book for Parents and agree without reservation.

**Name of the parent in block capitals:** \_\_\_\_\_

**Date** \_\_\_\_\_ **Signature:** \_\_\_\_\_