



YES-YES ,s.r.o. ,Žitavská 23, 95201 Vráble

## APPLICATION

### to the private Kindergarten YES for school year 2024/2025

Name and surname of the child \_\_\_\_\_

Date and place of birth \_\_\_\_\_

Permanent address \_\_\_\_\_

Health insurance company \_\_\_\_\_

Nationality \_\_\_\_\_ Citizenship \_\_\_\_\_ Birth ID number \_\_\_\_\_

#### Information about lawful representatives of child

Name and surname _____	Name and surname _____
Birth surname _____	Birth surname _____
Address _____	Address _____
Contact tel.: _____	Contact tel.: _____
email: _____	email: _____

#### Declaration

I declare, that my child ..... does not show symptoms of transmissible disease and that neither the Regional administration of public health, nor the doctor of practical treatment of children and adolescents did not order quarantine measures. (quarantine, increased health oversight or doctor oversight)

I understand the lawful repercussions in case of false declaration, especially I understand, that I would be in breach of law § 56 n. 355/2007 from Codex of Laws about protection, support and development of public health and changes and additions of some laws in later regulations.

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Name and surname and signature of the lawful representatives of a child

In.....

Date.....

### Confirmation from child doctor about health state of child

Confirmation of doctor about health state of a child, including data about vaccination, and also not-vaccination (according to § 24 section 7 law n. 355/2007 from Codex of Laws about protection, support and development of public health and changes and additions of some laws in later regulations. ) and § 3 section 3. statement Ministry of Schools of Slovak Republic n. 306/2008 from Codex of Laws about Kindergarten in later regulations.)

Sight of a child	
Hearing of a child	
Speech of a child	
Allergies	
Grocery allergies or other dietary restrictions.	
Prefered hand	
Illnesses and diagnoses	
Compulsory vaccination	
Medical fitness	
Notes	

Conformation of child's doctor:

Date: .....

Parents signature .....

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