APPLICATION   
FOR ACTIVE KIDS KINDERGARTEN RECRUITMENT  
/ Form must be filled out by a parent or legal guardians/

Details about the child:  
Child's Name .....................................................................................................................................  
date of birth .......................................................................................................................................  
place of birth .....................................................................................................................................  
pesel ..................................................................................................................................................  
Address of child ................................................................................................................................  
..........................................................................................................................................................  
Permanent address of the child..........................................................................................................

Details about the parents/ legal guardians  
MOTHER / LEGAL GUARDIAN :  
Name .................................................................................................................................................  
place of employment:………………………………………………………….................................  
contact phone number:…………………………………………………………………...................  
e-mail:………………………………………………………………………………........................  
FATHER / LEGAL GUARDIAN :  
Name .................................................................................................................................................  
Place of employment: .................................................................................. ...................................  
contact phone number:…………………………………………………………………...................  
e-mail:…………………………………………………………………............................................

EMERGENCY PHONE NUMBER :  
Grandparents / neighbors / uncles : ............................................ ......................................................

Information about the state of health of the child :  
Indications or contraindications of illness specialist clinics may have issued as a result of research or hospital treatment .......................................................................................................................................................................................................................................................................................................................  
Nutritional needs, diet ,and food allergies : ..........................................................................................................................................................  
..........................................................................................................................................................  
Does your child on a daily basis use: hearing aids , glasses, prosthetics , or other aids ?  
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Additional information about the child :  
Has the child attended pre- school : ........................................... ......................................................  
Does your child have siblings (age and gender) ..............................................................................   
Does your child require nap time after dinner:..................................................................................  
Does your child need help with eating: ........................................... ................................................  
Does your child announce physiological needs: ............................................ .................................  
Does your child have locomotive sickness:.......................................................................................  
Additional information which may affect the proper functioning of the child in kindergarten ..........................................................................................................................................................  
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statement   
  
1. I certify that the information submitted is in accordance with the facts concerning the child, and at the same time undertake to inform the Director of the Kindergarten of any changes that in this information.   
2. Under the Act of 29 August 1997 on the Protection of Personal Data (Journal of Laws of 2002 No. 101, item. 926 as amended). I Consent to the collection, processing and use of personal data contained in / on the form by the Kindergarten for the purposes of recruitment.   
  
  
  
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Signature of mother / guardian signature of father / guardian