# CHILD REGISTRATION/INFORMATION FORM FOR THE "MISIE FILIPISIE" PRIVATE PRESCHOOL IN KRAKOW **2024/2025**

## DANE DZIECKA:

DI	SOFI	E' (M		3.6' 1.11 - 3.7	T .	NT.			
PE	ESEL	First Nan	ie	Middle Name	Last	Name			
Date of Birth			Place of Bi	rth	Nationality				
2 10 1	D 0.00		CHILD'S AI			T .			
Postal Code	Post Offic	ce City/Town	Municipality	Street		ouse Apartment mber Number			
					1141	illoci i vuilloci			
CHILD'S PERMANENT RESIDENCE ADDRESS (IF DIFFERENT FROM THE CURRENT ADDRESS)									
Postal Code	Post Offic		Municipality Street			ouse Apartment			
		·			Nur	nber Number			
			OODATKOWE IN						
The child has a disability certificate (please write YES or NO). If yes, please attach a copy.									
The child has a	special educa	ion certificate (please write	e YES or NO). If ye	s, please attach a copy.					
Is the child on a	special diet (	please write YES or NO)?	If ves. please specif	the type of diet.					
	- <b>F</b> (								
The child will a	ttend religious	classes (please write YES	or NO).						
Child's residence	Child's residency status enabling stay in Poland.								
ADDITIONAL IMPORTANT INFORMATION (E.G., CHRONIC ILLNESSES, ALLERGIES, DEVELOPMENTAL DISORDERS)									
ADDITION	AL IVII OK	ANT INFORMATION	E.G., CHRONIC II	EDITESSES, ALLEROIE	5, DEVELOT MENT	AL DISORDERS)			
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				IANS' INFORMATIO IAN'S INFORMATION					
First N	Ioma	Last Na		Contact phone numb		nail (legible)			
FIISU	vaille	Last Na	ine	Contact phone number Email (		ian (legible)			
Mother's/leg	al guardian's	workplace name and address	ss, work phone num	ber, employee number (in the	he case of employmen	t at Philip Morris)			
		EATHEDIC	/LECAL CHARD	IANIC INECDMATION	1				
First N	Jame	Last Na		IAN'S INFORMATION  Contact phone numb		nail (legible)			
THSU	vaine	Last Iva	ine	Contact phone nume	Jei Eii	ian (legible)			
Father's/legal guardian's workplace name and address, work phone number, employee number (in the case of employment at Philip Morris									

Other adults authorized to pick up the child from preschool:								
First Name Last Name		Contact phone number	PESEL	Degree of affinity				

#### I consent to:

- periodic cleanliness checks of the child:
- my child's participation in screening examinations conducted by: a speech therapist, clinical psychologist, physiotherapist, dentist, family doctor, or pediatrician.

#### L commit to

- making regular payments for preschool, no later than the 10th of each month;
- notifying the preschool of any changes in the provided information;
- bringing only a healthy child to the preschool;
- personally picking up the child from preschool or authorizing a responsible adult;
- participating in parent meetings.

### Information regarding the child's image:

in accordance with Article 81(2)(2) of the Law of February 4, 1994, on copyright and related rights, consent is not required for the dissemination of the image of a person constituting only a detail of a whole, such as a gathering, landscape, public event. Marlena Gulewicz informs that they reserve the right to publish on their website, as well as in promotional materials (e.g., advertising in printed media), the image of the child within the scope defined by Article 81(2)(2) of the aforementioned law.

#### Statement:

I consent to the processing of personal data contained in the form for the purposes and on the terms specified above. The processing of data will be carried out in accordance with the Act of August 29, 1997, on the protection of personal data (consolidated text Journal of Laws of 2002, No. 101, item 926, as amended).

## Statement:

I acknowledge that the child's image may be disseminated by Marlena Gulewicz, in accordance with the provisions of Article 81(2)(2) of the Law of February 4, 1994, on copyright and related rights.

#### I also declare that:

- the information provided in this Registration Form is consistent with the actual state of affairs;
- I am aware that the preschool director, for the purpose of verifying the provided data, may request the immediate submission of documents confirming the factual state indicated in the Registration Form for enrolling the child in preschool.

Date:	Mother's/Legal Guardian's Signature:	Father's/Legal Guardian's Signature:		