

**Application Form**

**For the Little Fox nursery**

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| **Information about your child** |

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| Full Name: Place of Birth: |
| Home Address: |
| Postal Address : |
| Post Code: Nationality: |
| Date of Birth: Birth Certificate No.: |

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| **Parent or Guardian** |

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| Title and Full Name: |
| E-mail: Contact Number: |
| Full Address: Post Code: |

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| **Parent of Guardian 2** |

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| Title and Full Name: |
| E-mail: Contact Number: |
| Full Address: Post Code: |

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| **Other important information** |

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| Relatives that may visit your child: (Name and Age) |
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| Knowledge of the English Language: |
| Other relevant information regarding your child: (Allergies etc.) |
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**How did you find out about Little Fox?**

Leaflet Billboards Internet Adverts Other

Requested start date: …………………………………………………………

#### Available Programs:

#### Half day program Mon–Fri 8:00–13:00 up to 3-year-old

2x week –  **6 800 Kč**

3x weeks – **8 900 Kč**

5x weeks – **10 900 Kč**

**Mon Tue Wed Thurs Fri**

#### Half day program Mon–Fri 8:00–13:00 from 3-year-old

2x week –  **5 800 Kč**

3x weeks – **7 900 Kč**

5x weeks – **9 900 Kč**

**Mon Tue Wed Thurs Fri**

**Food and Drink**

Lunch, healthy snacks and drinks **100 Kč/ per day**

**Mon Tue Wed Thurs Fri**

**Full Day program Mon–Fri 8:00–17:30 up to 3-year-old**

2x week –  **8 800 Kč**

3x weeks –  **10 900 Kč**

5x weeks – **14 900 Kč**

**Mon Tue Wed Thurs Fri**

**Full Day program Mon–Fri 8:00–17:30 from 3-year-old**

2x week –  **7 800 Kč**

3x weeks –  **9 900 Kč**

5x weeks – **13 900 Kč**

**Mon Tue Wed Thurs Fri**

**Food and Drink**

Lunch + 2x healthy snacks + drinks for the whole day – **125 Kč/ per day**

**Mon Tue Wed Thurs Fri**

**Declaration of Parents**

I (Name: ..................................................) declare that all of the information given is to the best of my knowledge. I will also notify a member of staff if my child develops any serious and contagious diseases or if they have came in contact with anyone with such medical conditions. I acknowledge that if any information is falsified or I fail to notify staff of the medical conditions mentioned above, the forenamed child could be removed from the program.

Date: ............................................ Signature of Guardians:.....................................................

You may hand it in to us at the nursery. The information submitted is handled with the highest level of confidentially and will not be made public Notes: The application form must be ether sent by: post, scan and send via E-Mail or fill in on our website: [www.littlefoxkunratice.cz](http://www.littlefoxkunratice.cz) (forms available online). Alternatively.