

**Application form into nurseries**

## Part A (Toddler) Personal details

Name and surname……………………………………….....................………………………

National ID Number : Date of birth: --r.

Place of birth: ………...……....... Nationality: ………..........Citizenship: .………........….….....

Registered address of the child:

Street, Flat number and house number: ………………......……........................…………….............……….

Postal Code : - City/Town: .............................................................

Residental Adress: (Optional if any other residential address)

Street, Flat number and house number : ……………………........................…......………….............……….

Postal Code: - City/Town: .............................................................

Mobile Phone Number: () --

Time of the child’s nursery :from (am). ...…......Till (pm)...…......

Date of acceptance into nurseries: --r.

Meals : Breakfast Lunch  Snack

# Part B - Parents /Guardians Personal Details

Name and Surname (Mother maiden names):………………………........................

Passport/Permit card number………………………………………………................................

National ID Number……………………………………………………

Place of work (mother): ……………………………………………….............................. ……………..

Mobile phone number mother : --

Email mother : ...................................................................................................

Name and Surname (Father maiden names):………………………........................

Passport/Permit card number…………………………………………………….

National ID Number ……………………………………………................................

Place of work (father): ………………………………………………..............................

Mobile phone number father: --

## PART C – HELATH DETAILS

If the child was born healthy? YES/NO

Whether the child is often ill? YES/NO

Any health problems?.......................................................................................

Any pathological illnesses (What?).:...............................................................

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Any developmental problems?: .........................................................................................

Any special medical control required:……………………..............................................................................................................................

......……………………………………………….........…………………………………………………………………..

Any psychological control ?

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Any health specialist control ? YES/NO

(what/for what reason).........................................................................................

Any special medications?Which is any?

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If your child is allergic? YES/NO

What allergies?......................................................................

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Please indication if any other medical/cultural/psychological/considerations

YES /NO (What).................................................................................................................................

## PART D – CHILD CARE /NURSING

Is the child reports the physiological needs? YES / NO / Sometimes I forget / Yes, but needs help

Is the child wears a diapers? YES / NO / Only to sleep

## PART E - MEALS

The child has a food allergy :

 None

Milk and dairy products..............................................................................

Meat (what)..............................................................................

 Fruits (what)............................................................................

 Vegetables (what)........................................................................

Another ..............................................................................................

Child eats::

Willingly

unwillingly

The child is eater

Especially child does not like to eat : ....................................................................

Child eats meals:

 Yourself

He needs help eating

You have to feed them

Does the child drinks milk modified?

NO

YES

(How many times a day, about what times, which is the propotion of milk to water,etc.)……………………………………………………………………………………………………………………………………………………………………................................................................................................................................................................

#  PART F - SPARE TIME/ LEISURE CHILD

Please specify the interval in which the child is sleeping

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Habits of the child that help him sleep

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## INDEPENDENCE ABILITY (CHILD)

Can walk : YES / NO

Can run: YES / NO

Child dress up:

Independently

dependently

 The same can not dress up

Communications skills (child):

 Gestures and facial expressions

Single words at a time

Able to make simple phrases

Fluent in complete sentences

Child in dealing with other children is:

Submissive

He likes to dominate

Sometimes aggressively

Neutral

Prefers to play alone

Natural

Conflict- free

Does the child was previously left in the care of others :nanny,baby club,nursery, etc.

NO

YES (How to react to parting with their parents ?)…………………….............................................................

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............................................................................................................................................................

Whether the state can identify any specific situations that irritate or are afraid eg. significant noise,loud knocking etc: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

When the child is sad , nervous or misses for parents best cheers it (eg. the best fun, song,booklet etc.) …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Other observation/issues of the child:

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## PART H – INTEREST AMD FUN (CHILD)

If your child has contact with other children outside the nursery? YES/NO

What child is willingly at home?

Draws

Plays blocks

Does puzzles

Watches cartoons on TV

Likes books reading

 He likes to watch books

 He likes to play with dolls / cars / stuffed animals

He likes physical play

 He like walks

 He like to dance

He likes to participate in household chores

Favourite Toys : ..............................................................................................................

Expectations of parents towards nursery:............................................................................................................

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.......................................................................................................................................................................

## PART I – Person empowered to pick up the baby

|  |  |  |
| --- | --- | --- |
| **NAME/SURNAME** | DEGREE OF RELATIONSHIP | Series and number of ID card |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Łódź, date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parents signature / guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about the nursery ?

**..................................................................................................................................................................................................................................................................................................................................................................................................................**

##  PART J – PERMISSIONS (PARENTS)

In the case of a threat to health or life of my child I agree / I disagree to transport the child to the hospital and medical assistance

………………………………………..

date / full signature

I declare keep up to date director of the nursery when changing my place of residence, work and contact telephone number

………………………………………..

date / full signature

Is committed to the timely payment of fees related to the stay of the child in the nursery accordance with applicable regulations

………………………………………..

date / full signature

According to the Law on Personal Data Protection of 29.08.1997. I agree/ I disagree to the processing image of a child for the purpose of advertising the nursery

………………………………………..

date/ full signature

I consent to the exercise of nursing activities at my child and expressing sensitivity through hugging, stroking, hugging to sleep

 …………………………………………

 date/ full signature

 I declare that I have been informed that the nursery has a monitoring facility for internal needs. ..............................................

 Date / full signature

**I certify that the information I have given is factually correct.**

**Name/ Surname :** ....................................................................................................................................................

Series and number of ID card**:** ……………………………………….....……...................………………………………………………

Łódź, date ……………………..….. Signature …………..…………...............…