

Ulica kneza Borne 26/1

10 000 Zagreb

Klasa \_\_\_\_\_

Urudžbeni broj \_\_\_\_\_



## REQUEST FOR CHILD ENROLLMENT IN "DOBRO DRVO" KINDERGARTEN

I am submitting a request to enroll my child in (choose one option):

Regular 10-hour program

Cambridge Early Years program

OIB: 

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CITIZENSHIP \_\_\_\_\_

### INFORMATION ABOUT THE CHILD

NAME \_\_\_\_\_ SURNAME \_\_\_\_\_ GENDER **M / F**  
(CIRCLE)

DAY, MONTH AND YEAR OF BIRTH \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_ CITY/MUNICIPALITY \_\_\_\_\_

REGISTERED RESIDENCE \_\_\_\_\_

Does he/she have a brother/sister already enrolled in kindergarten YES / NO (CIRCLE), name of the kindergarten

\_\_\_\_\_

### DEVELOPMENTAL STATUS OF THE CHILD (CIRCLE)

**A) normal development**

**B) a child with special needs**

Orientation list of types of difficulties (CIRCLE, MULTIPLE CHOICES POSSIBLE)

- a) visual impairment
- b) hearing impairment
- c) speech-voice communication disorders and specific learning difficulties
- d) physical disability
- e) intellectual disabilities (syndromes...)
- f) behavioral disorders due to organic factors, ADHD
- g) social communication disorder; autism spectrum disorder; autism

h) the existence of several types and degrees of difficulties in psychophysical development

Diagnostic procedure for determining difficulties (CIRCLE)

- a) by the expertise of the expert committee of social welfare (\_\_\_\_\_ year)
- b) by the findings and opinion of a specialized institution (NAME OF THE INSTITUTION)  
\_\_\_\_\_
- c) by the findings and opinions of other experts (WHICH)\_\_\_\_\_

Rehabilitation procedure Is the child in treatment? **YES / NO** (CIRCLE)

Institutions and types of treatment\_\_\_\_\_

**C) other specific developmental special needs of the child** (conduct disorder, anxiety disorder, depressive states, tics, nightmares or fears, phobias, inadequate attachment, traumatic experience, withdrawal, shyness, outbursts of anger, aggression and others) (WHICH)

\_\_\_\_\_

**D) special health needs of the child** (allergies, special diet, chronic diseases, epilepsy, asthma, febrile convulsions and others) (WHICH)

\_\_\_\_\_

**INFORMATION ABOUT PARENTS/LEGAL GUARDIANS**

**MOTHER**

NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

DAY, MONTH AND YEAR OF BIRTH \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

OIB 

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 CITIZENSHIP: \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_ CITY/MUNICIPALITY \_\_\_\_\_

REGISTERED RESIDENCE \_\_\_\_\_

CONTACT: TELEPHONE, MOBILE PHONE, E-MAIL \_\_\_\_\_

EMPLOYED **YES / NO** (CIRCLE), EMPLOYER'S NAME AND ADDRESS \_\_\_\_\_

CONTACT AT THE WORKPLACE: TELEPHONE, MOBILE PHONE, E-MAIL \_\_\_\_\_

OCCUPATION AND PROFESSIONAL EDUCATION \_\_\_\_\_ WORKING HOURS \_\_\_\_\_

**FATHER**

NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

DAY, MONTH AND YEAR OF BIRTH \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_





## Other household members

1. NAME \_\_\_\_\_ SURNAME \_\_\_\_\_ OIB: \_\_\_\_\_  
DAY, MONTH AND YEAR OF BIRTH \_\_\_\_\_  
REGISTERED RESIDENCE \_\_\_\_\_
2. NAME \_\_\_\_\_ SURNAME \_\_\_\_\_ OIB: \_\_\_\_\_  
DAY, MONTH AND YEAR OF BIRTH \_\_\_\_\_  
REGISTERED RESIDENCE \_\_\_\_\_
3. NAME \_\_\_\_\_ SURNAME \_\_\_\_\_ OIB: \_\_\_\_\_  
DAY, MONTH AND YEAR OF BIRTH \_\_\_\_\_  
REGISTERED RESIDENCE \_\_\_\_\_
4. NAME \_\_\_\_\_ SURNAME \_\_\_\_\_ OIB: \_\_\_\_\_  
DAY, MONTH AND YEAR OF BIRTH \_\_\_\_\_  
REGISTERED RESIDENCE \_\_\_\_\_

CONSENT FOR CHECKING THE DATA ON THE CHILD'S BIRTH IN THE BIRTH REGISTER, IF THE PARENT/GUARDIAN DOES NOT SUBMIT DOCUMENTS PROVING THE SAME:

CONSENT FOR CHECKING THE DATA ON THE CHILD'S BIRTH IN THE BIRTH REGISTER, IF THE PARENT/GUARDIAN DOES NOT SUBMIT DOCUMENTS PROVING THE SAME:

Pursuant to the Law on the Implementation of the General Data Protection Regulation (Official Gazette 42/18) and the General Data Protection Regulation (GDPR), I give my consent to the kindergarten to verify the data on the birth of the child by inspecting the birth registers, for the purpose of concluding and executing a contract on the realization of the program preschool education of a child in a kindergarten.

**YES / NO** (CIRCLE)

CONSENT FOR CHECKING INFORMATION ABOUT THE RESIDENCE OF THE CHILD AND OTHER MEMBERS OF THE JOINT HOUSEHOLD:

Pursuant to the Law on the Implementation of the General Data Protection Regulation (OG 42/18) and the General Data Protection Regulation (GDPR), I give my consent to the kindergarten to check data on the residence of the child and other members of the joint household by inspecting the records of residence and residence of citizens, and in the purpose of entering into and executing a contract on the realization of a preschool education program for a child in a kindergarten.

**YES / NO** (CIRCLE)

*I declare and confirm with my own handwritten signature that the data specified in this request and the attached documentation are correct and complete, and I authorize the kindergarten to have the right to check, process, store and use them in accordance with the Law on the Implementation of the General Regulation on Data Protection (Official Gazette 42/18) and the General Data Protection Regulation (GDPR) and other valid regulations, and for the purpose of executing the contract on the realization of the preschool education program of the child in the kindergarten.*

In Zagreb, date \_\_\_\_\_

Signature of the applicant \_\_\_\_\_