



Súkromná materská škola, Kozia 25, Bratislava

## APPLICATION

**Hereby I ask my son/my daughter to be accepted in the kindergarten**

Date when child should start attending the kindergarten:.....

Name and surname of the child:.....

Date and place of birth: .....

Nationality:..... Citizenship:..... Birth number: .....

Address: .....

Name and surname of legal representative:.....

Telephone: ..... E-mail: .....

In....., date .....

.....  
Signatures of legal representatives  
/both of them, if possible/